

Name  
in  
Full

Infant of James W. Anderson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

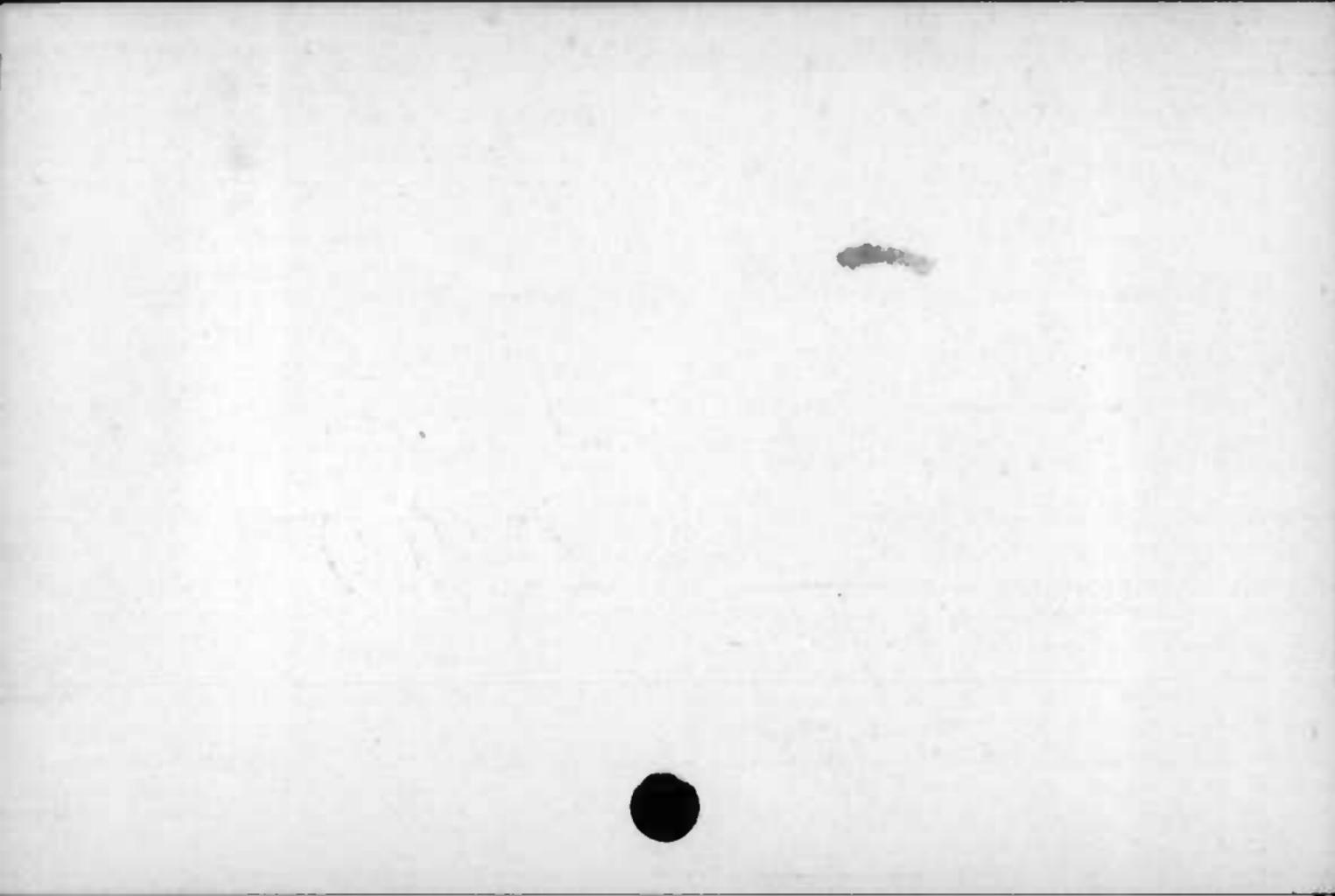
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James W. Anderson				
Mother's Maiden Name	Florence Newton Albaugh				
Name of person giving information	James T. Anderson				

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Premature Birth	3 mos	How long
Immediate	Died 506 days before birth		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
		Baltimore Frederick St	
Accident or Suicide?			



Name  
in  
Full

David Samuel Ashbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town <b>Frederick</b>	County <b>Frederick</b>	MARYLAND				
Died at	Month <b>6</b>	Day <b>24</b>	Age <b>63</b>	Years	Months <b>9</b>	Days <b>0</b>
Date of death <b>1908</b>	Color or Race <b>White</b>	Birth-place <b>Carroll Co Md</b>				
Sex <b>Male</b>	Occupation <b>Laborer</b>	Where Residing if not at place of death <b>Same</b>				
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Julia A. la Aluvall</b>	Father's Birthplace <b>Pa</b>				
Father's Name <b>John Ashbaugh</b>	Mother's Maiden Name <b>Sarah Kaun</b>	Mother's Birthplace <b>"</b>				
Name of person giving Information <b>Mrs Ashbaugh</b>	How related to deceased <b>Wife</b>					

CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary	Cause of Death <b>Cancer of Liver</b>		How long <b>About 2 yrs</b>
Immediate	Exhaustion		How long <b>10 days</b>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>J. M. Goodman, M.D.</b>	Address <b>Frederick Md</b>	
yes			
Accident or Suicide? <b>No</b>			

Interment at Mt Pleasant

" June 25<sup>th</sup> - 08

Thomas P. Rice Esq.

Dr. Goodman

Dr McCurdy.

<i>Arthur Barnes</i>					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1908	Month June	Day 26	Years 25	Months —	Days —	
Sex	Male	Color or Race	<i>Black</i>		Birth-place	<i>Howard Co</i>	
Occupation	<i>Laborer</i>		Where Residing if not at place of death			<input checked="" type="checkbox"/>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Father's Name	<i>Don't know</i>		Father's Birthplace	<i>Don't know</i>			
Mother's Maiden Name	<i>Don't know</i>		Mother's Birthplace	<i>" "</i>			
Name of person giving Information	<i>Kardon - Nicholas Passaway</i>		How related to deceased	<i>No relation</i>			

## CAUSES OF DEATH

27

How long

How long

How long

Primary

*Pulmonary Tuberculosis Subsequent to insanity**Several months*

Immediate

*Exhaustion**Several days or more*

Are the name, age, sex, color, date and place correctly given above?

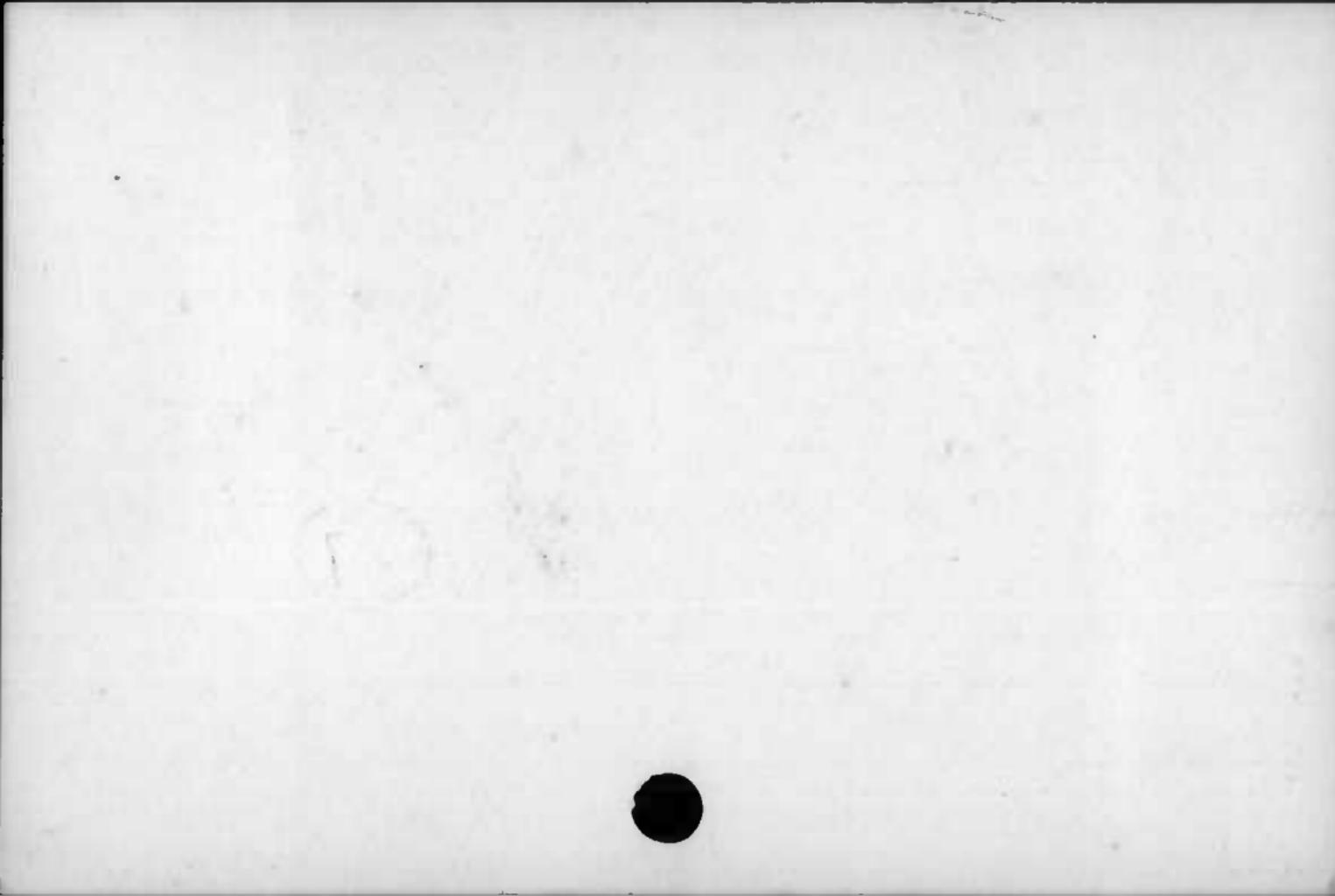
*As near as*

Signature of Physician

Address

*M. G. Bourne MD**Mountview Hospital**can be ascertained.*

Accident or Suicide?



Name  
in  
Full

Eunice Joanna Barrie '16

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Rocky Ridge Town Frederick County  
MARYLAND  
Date of death 1908 Month June Day 2 Age 60 Years Months 6 Days 25  
Sex Female Color or Race white Birth-place Buesleytown, Md  
Occupation Housewife Where Residing if not at place of death  
Married, Single or Widowed Married Name of Wife or Husband Chas. J. Barrie '16  
Father's Name John Dix Eichelberger Father's Birthplace Pennsylvania  
Mother's Maiden Name Amy Boomer Mother's Birthplace Virginia  
Name of person giving Information S. J. Eichelberger How related to deceased Sister-in law

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tropsy. Paralysis

(66)

How long

5 days

Immediate

Heart failure

How long

Chas. H. Diller

Are the name, age, sex, color, date and place correctly given above?

Yes

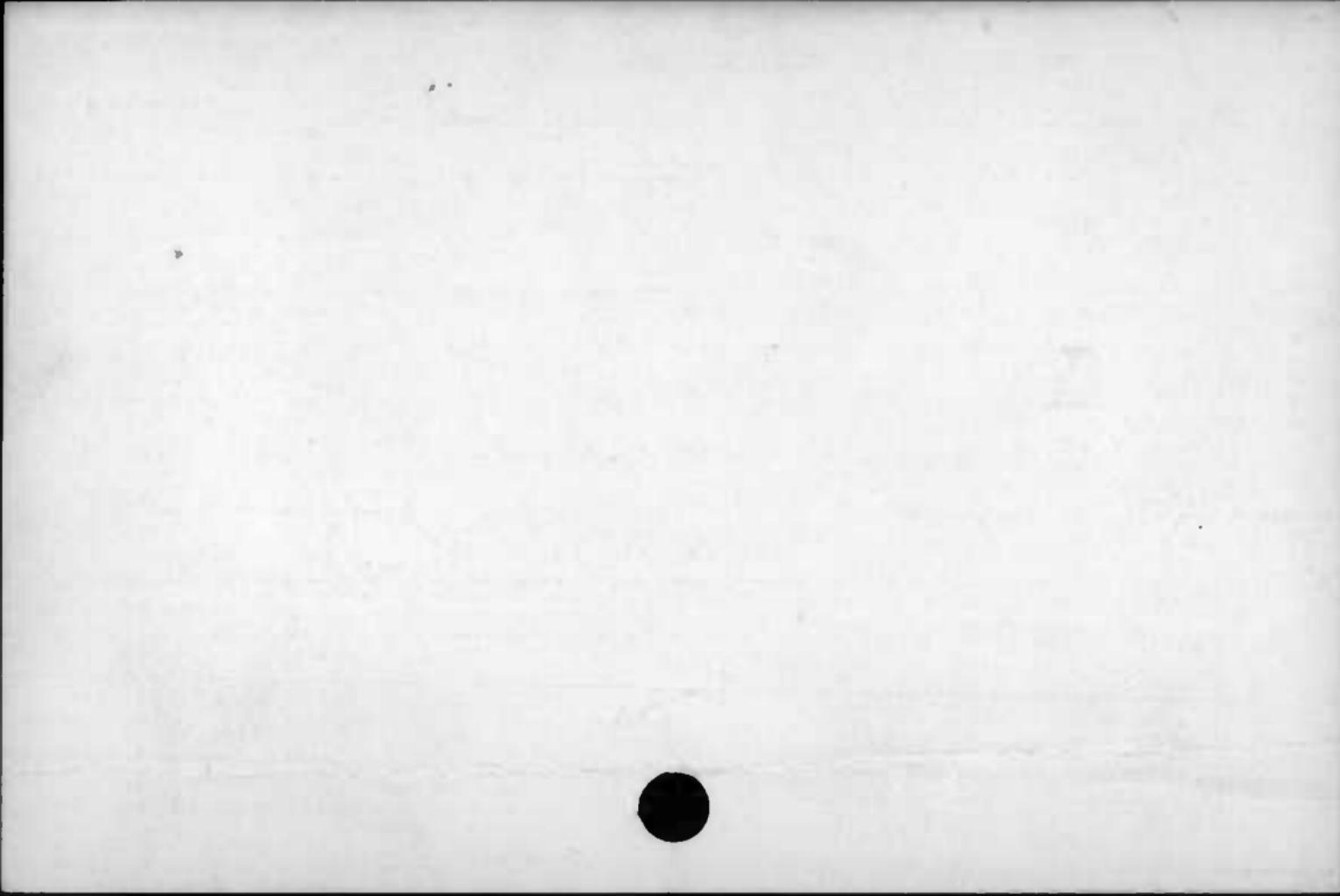
Signature of Physician

Address

Delaware  
Maryland

Accident or Suicide?

No



Name  
in  
Full

Gley A. Bernard

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	male	Color or Race	white
Occupation	Lebral	Where Residing if not at place of death	—
Married, Single or Widowed	single	Name of Wife or Husband	—
Father's Name	Harry A. Bernard	Father's Birthplace	Md.
Mother's Maiden Name	B. M. Janusdale	Mother's Birthplace	W. Va.
Name of person giving information	Harry A. Bernard	How related to deceased	Father

CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

Primary Subacular Myxiti How long 1 m.

Immediate Subacute Convulsion How long 1 w/c

Are the name, age, sex, color, date and place correctly given above?

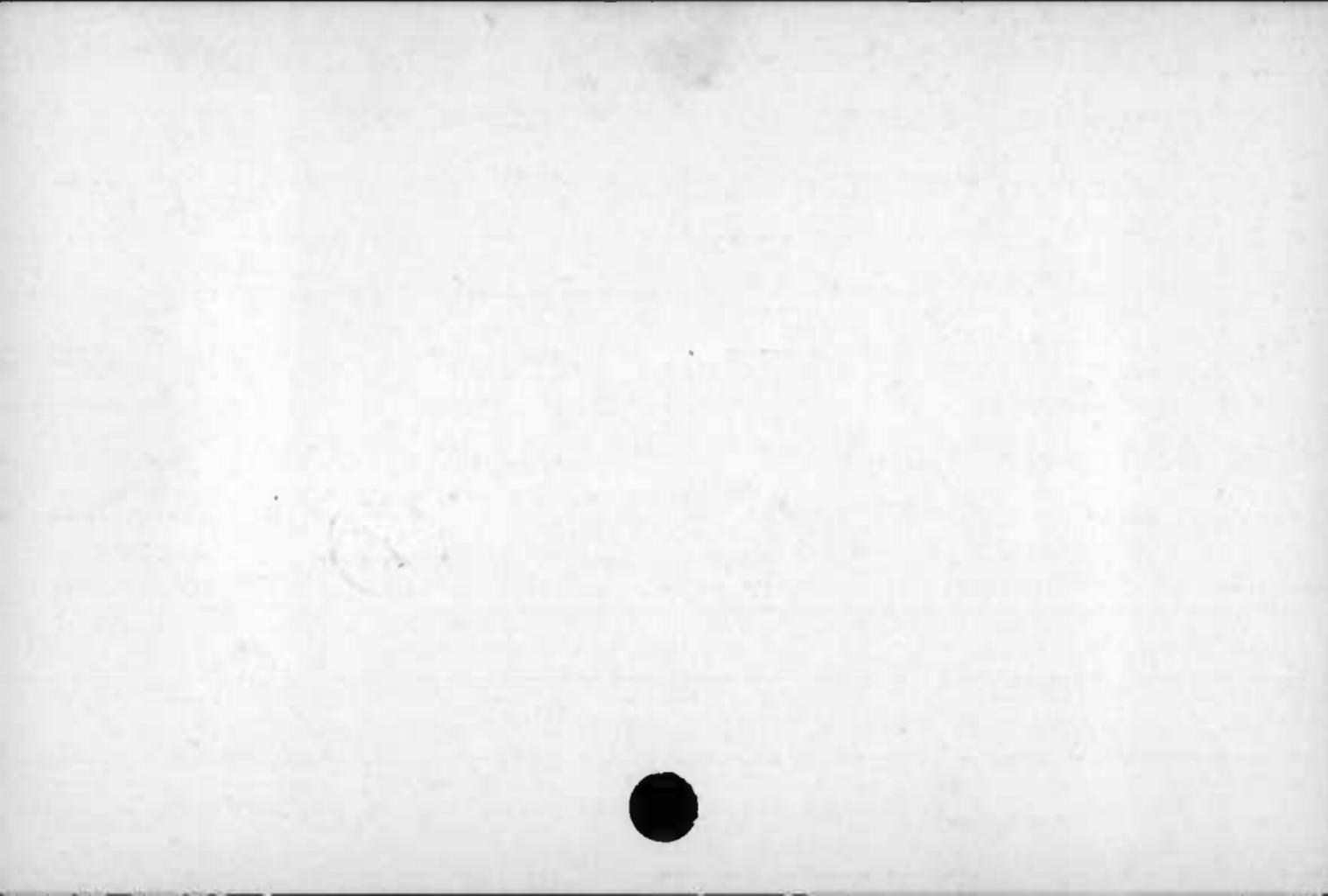
ye

Signature of Physician

Address

Lion West  
Brunswick  
T. C. Lewis & Co.

Accident or Suicide?



Name  
in  
Full

Newton Perry

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1908 June	18	35	- -
Sex	Male	Color or Race	Birth-place
Occupation	Labover	Where Residing if not at place of death	X
Married, Single or Widowed	Don't know	Name of Wife or Husband	Don't know
Father's Name	" "	Father's Birthplace	Don't know
Mother's Maiden Name	" "	Mother's Birthplace	" "
Name of person giving Information	Nicola Greenway	How related to deceased	No relation

CAUSES OF DEATH

27

How long

How long

PHYSICIAN  
OR CORONER

Primary

Tuberculosis (Pulmonary) Subacute -  
How long 3 years or more

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

As near

Signature of Physician

Address

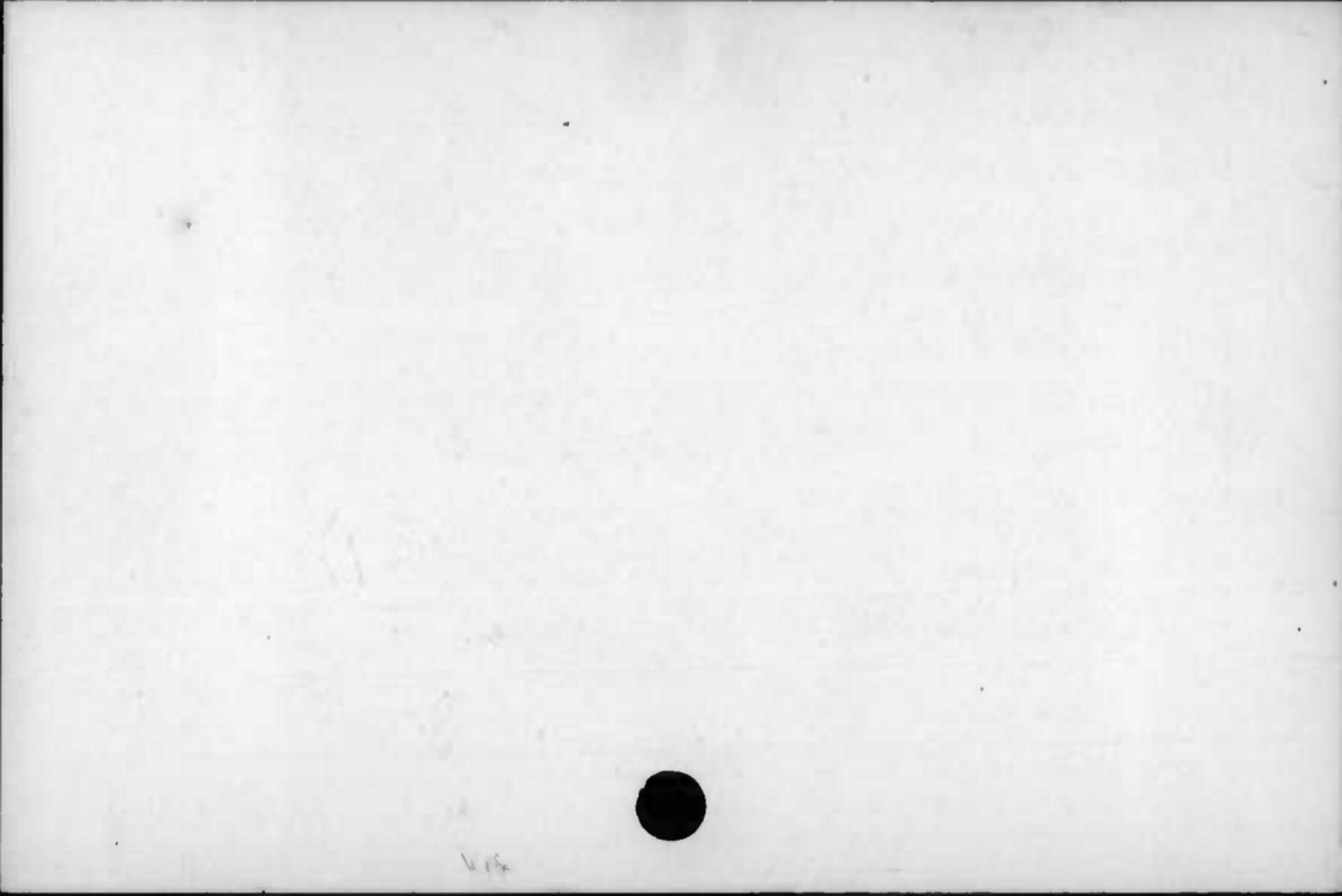
L.C. Brown M.D.

Fredk. Md

as could be ascertained

Accident or Suicide?

X



Name  
in  
Full

Dorothy Elizabeth Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Raynuma Brown		Father's Birthplace	Va	
Mother's Maiden Name	S. S. Gill		Mother's Birthplace	Va	
Name of person giving information	Raymond Brown		How related to deceased	Father	

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Diarrhea

How long

2 weeks

Immediate

Colitis

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

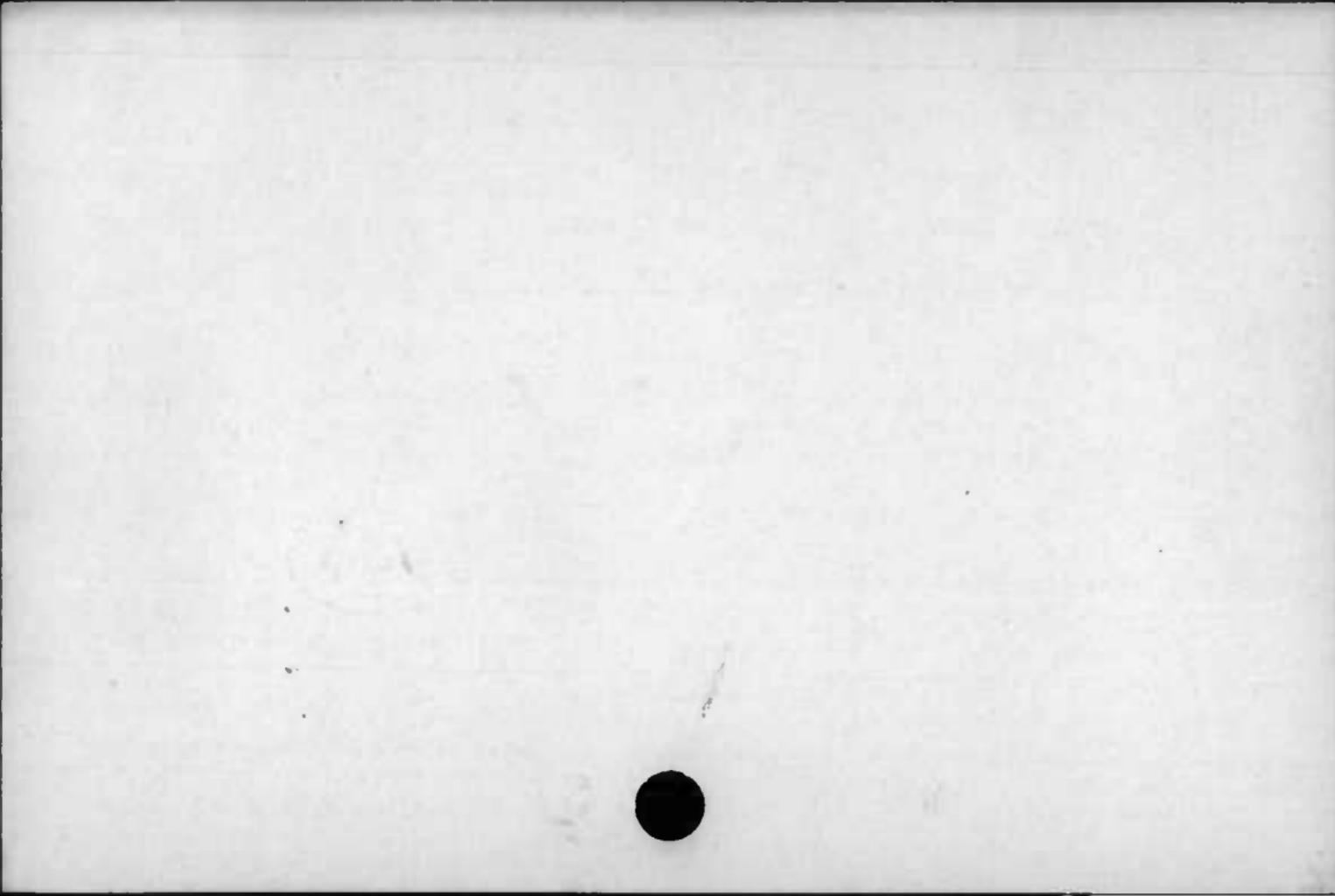
Signature of Physician

Address

Al Horine

Baltimore  
Md

Accident or Suicide?



Name  
in  
Full

Carris Lucinda Bowings

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Park Mills		Town	County Frederick		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	June	23	Age Two	Two	21	
Sex Female	Color or Race White	Birth-place	Frederick Co			
Occupation	Where Residing if not at place of death					Adamstown, Md.
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Benjamin Bowings		Father's Birthplace	Frederick Co		
Mother's Maiden Name	Bessie Pearl		Mother's Birthplace	Frederick Co		
Name of person giving information	Benjamin Bowings		How related to deceased	Father		

CAUSES OF DEATH

104

Primary

Gastritis

2 weeks

Immediate

acute meningitis

4 days

Are the name, age, sex, color, date and place correctly given above?

Yes

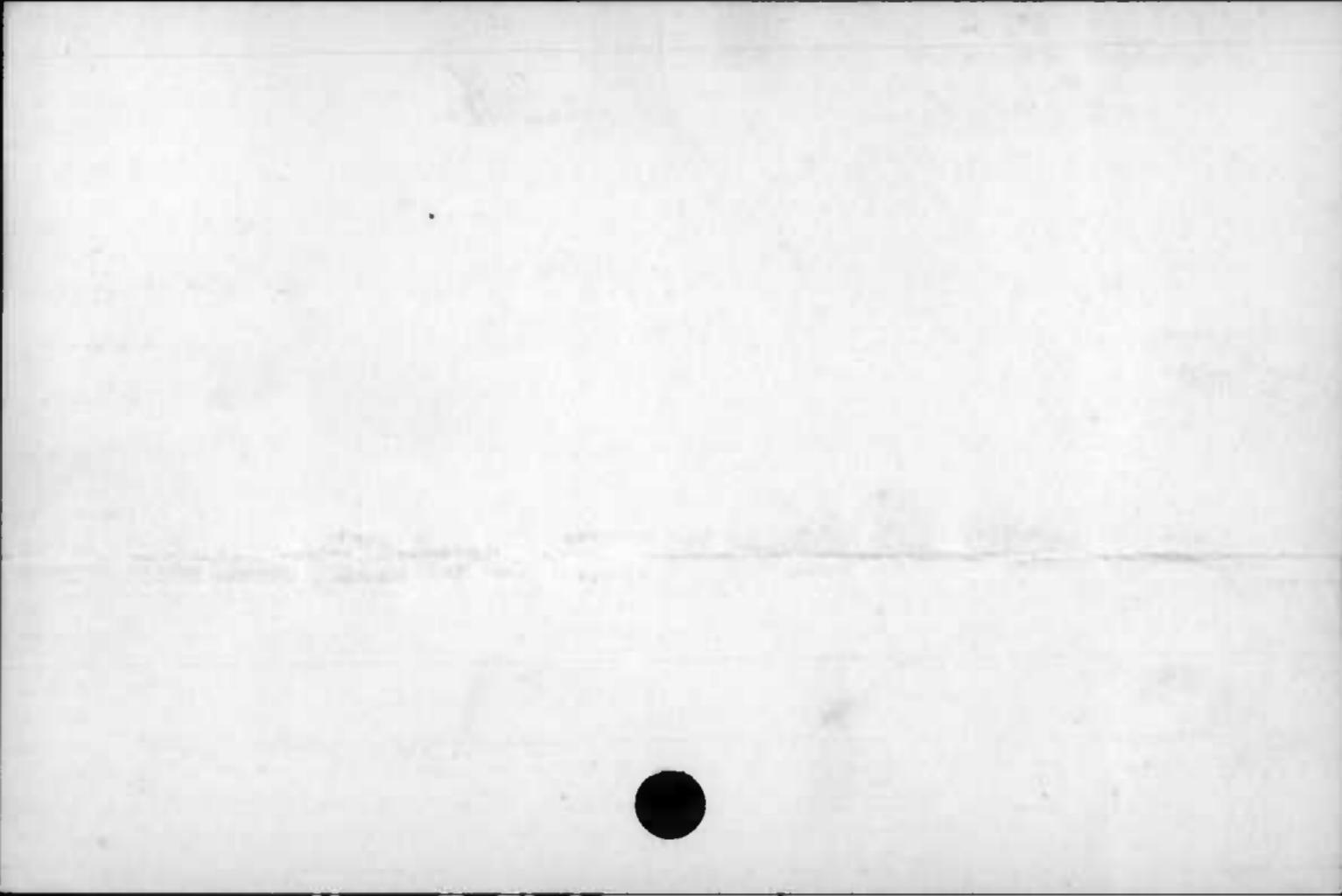
Signature of Physician

Address

Jos. G. Thomas,  
Adamstown  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary J. Brown						CERTIFICATE OF DEATH	
Died at Lister Hill			County Fredricks			MARYLAND	
Date of death 1908	Month 6	Day 17	Age 65	Years	Months 11	Days 27	
Sex Female	Color or Race Mulatto	Where Residing if not at place of death			Birth-place Fredricks Co. Md		
Occupation Housewife				Saunder			
Married, Single or Widowed Widow	Name of Wife or Husband Wm H. Brown				Father's Birthplace Md		
Father's Name John Brampton				Mother's Birthplace Md			
Mother's Maiden Name Moulton				How related to deceased Son.			
Name of person giving information John H. Brown				How long 6 yrs.			
CAUSES OF DEATH						45	
Primary	Carcinoma of Uterus			How long	3 wks.		
Immediate	Cancerous						

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Interment at Hope Hill  
" June 20 - 08

Thomas P. Rice Esq.

Name  
in  
Full

Charles Edward Carson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race				
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

99

PHYSICIAN  
OR CORONER

Primary

Chronic Rheumatic Arthritis

1 yrs

Immediate

Pulmonary hemorrhage

6 hrs -

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Morris A. Bushy

Address

Thurmond  
Md.

Accident or Suicide?

(A)



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary E. Castle

CERTIFICATE OF DEATH

MARYLAND

Died at Feagaville

County  
Frederick

Date  
of death 1908

Month  
6

Day  
2

Years  
—

Months  
4

Days  
6

Sex Female

Color or  
Race

White

Birth-  
place

Feagaville

Occupation

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

John W. Castle

Father's  
Birthplace

F. Co Md

Mother's  
Maiden Name

Fernnie Miller

Mother's  
Birthplace

" " "

Name of person giving  
Information

Mrs. Castle

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Pertussis

8

2 weeks

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

W.A. Long,

Frederick Md.

Address

Accident or Suicide?

Interment at Middletown

" June 4 - '08

Thomas P. Rice F. D.

Dr. Hendrix

Dr Goodell

Name  
in  
Full

Senell R. Colbert

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Burkittsville

Fred. County

MARYLAND

Date  
of death

1908

Month

June

Day

23

Years

26

Months

8

Days

17

Sex

Female

Color or  
Race

Colored

Birth-  
place

Fred. Co.

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

John H. Colbert

Father's  
Name

Edward Hollins

Father's  
Birthplace

Montgomery Co.

Mother's  
Maiden Name

Rebecca Belt

Mother's  
Birthplace

Fred. Co., Ind.

Name of person giving  
Information

John R. Colbert

How related  
to deceased

Husband.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

27

1 year

Immediate

Exhauation

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

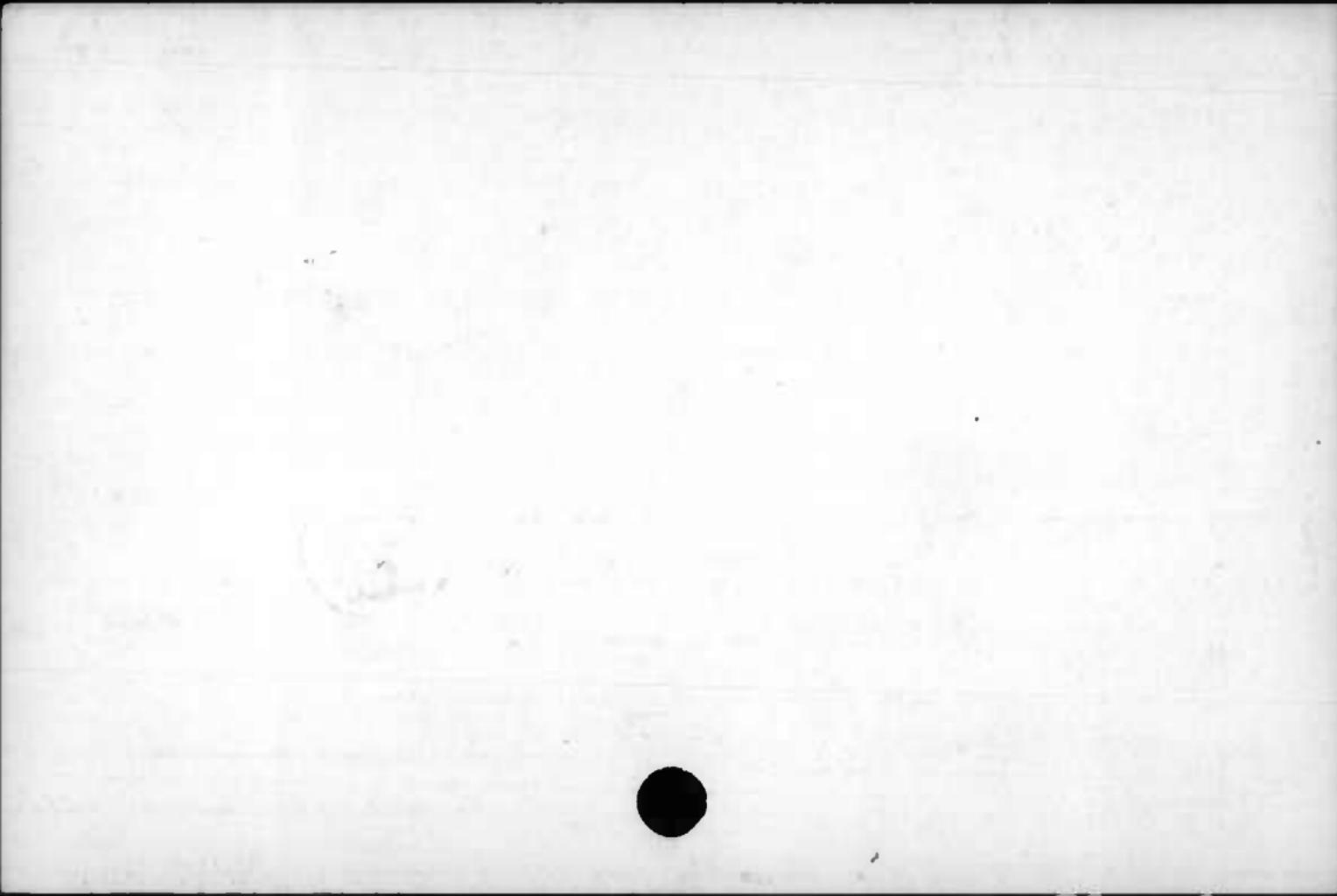
yes

Signature of  
Physician

Geo. Youder  
Burkittsville  
Md

Address

Accident or Suicide?



Name  
in  
Full

Chas Carroll Crabill

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	4	1	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

None

sing le

Chas Crabill

Lottie Ray

William Ray

Va

md

brother

CAUSES OF DEATH

(8)

Primary      How long  
Whooping Cough & Pleuro Pneumonia 3 + 2 weeks

Immediate      How long  
Convulsions 6 hours

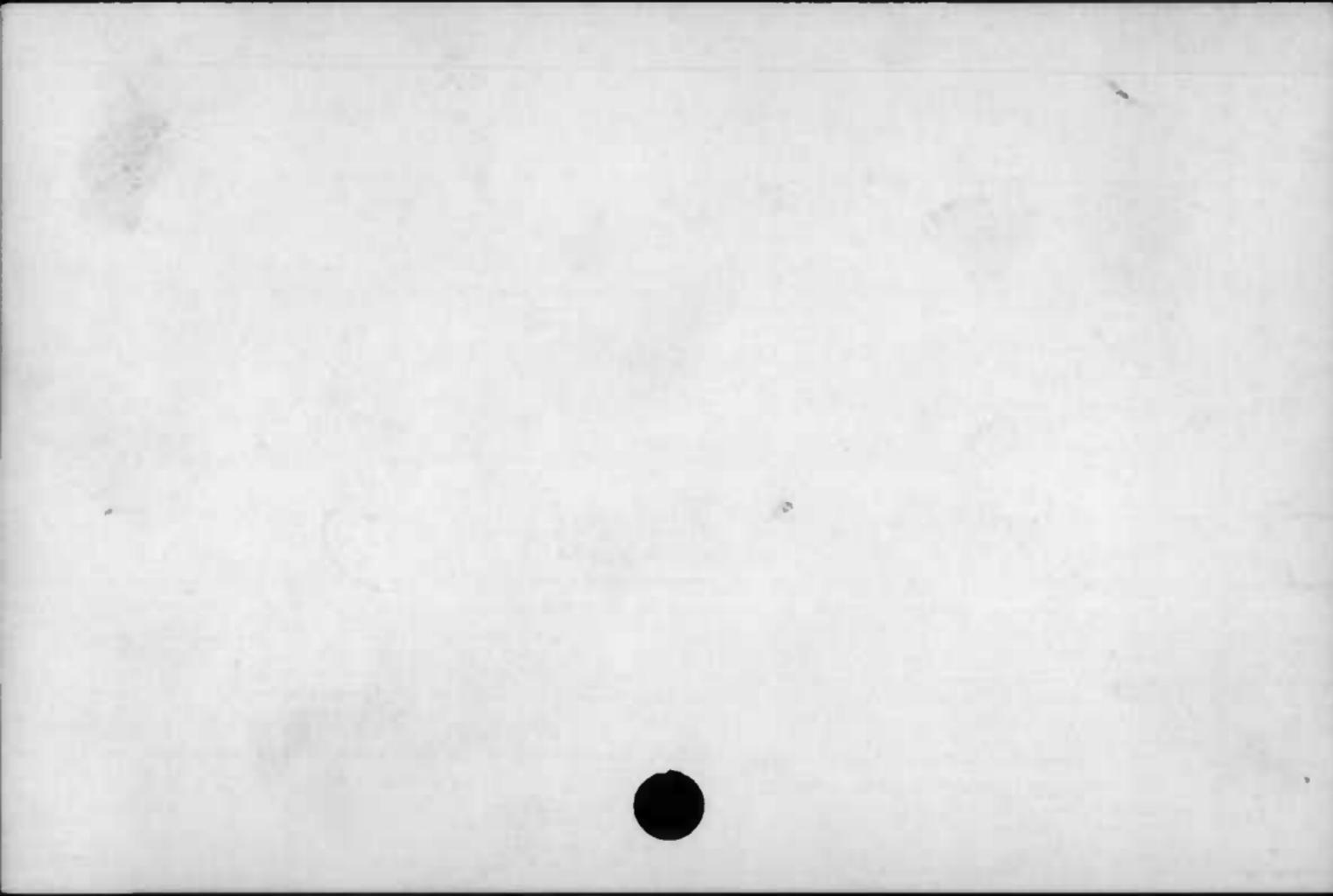
Are the name, age, sex, color, date  
and place correctly given above? Yes

Signature of  
Physician

Address

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

P H Y S I C I A N  
O R C O R O N E R

# Annabelle Coamer.

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month 6	Day 22	Years 66	Months 2	Days 22	
Sex	Female	Color or Race	White	Birth-place F. Co. Md.			
Occupation	House Wife	Where Residing if not at place of death			Walkersville Md		
Married, Single or Widowed	Widow	Name of Wife or Husband	John L. Coamer				
Father's Name	Elias Scholl	Father's Birthplace			F. Co. Md		
Mother's Maiden Name	Mary Autrow	Mother's Birthplace			" " "		
Name of person giving information	Mrs. E. L. Coamer	How related to deceased			Daughter		

## CAUSES OF DEATH

113

Primary	Obstruction of biliary duct - Gall stones?	How long	6 months	
Immediate	*perforation of bowel	How long	1 month	
Antemortem from absorption of bile & fecal matter		Signature of Physician		J. S. Nicodema,
Are the name, age, sex, color, date and place correctly given above?		Address		Walkersville, Md
Accident or Suicide?				

Interment at Glade Cemetery  
at Walkersville

" June 23 - 08

Thomas P. Rice F.D.

Dr. McCurdy

Name  
in  
Full

Dennis Crumpton

No. 8  
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County		MARYLAND	
Died at New Market	Frost			
Date of death 1908 June	Month	Day	Years	Months Days
Sex Male	Color or Race	Brown	Age 79	
Occupation Laborer	Where Residing if not at place of death			
Married, Single or Widowed	Name	Name of Wife or Husband	Violet Crumpton	
Father's Name	Doris Knew			
Mother's Maiden Name	Doris Knew			
Name of person giving information	Frank Crumpton			

CAUSES OF DEATH

120

Primary Bright's Disease 6 mo  
How long

PHYSICIAN  
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

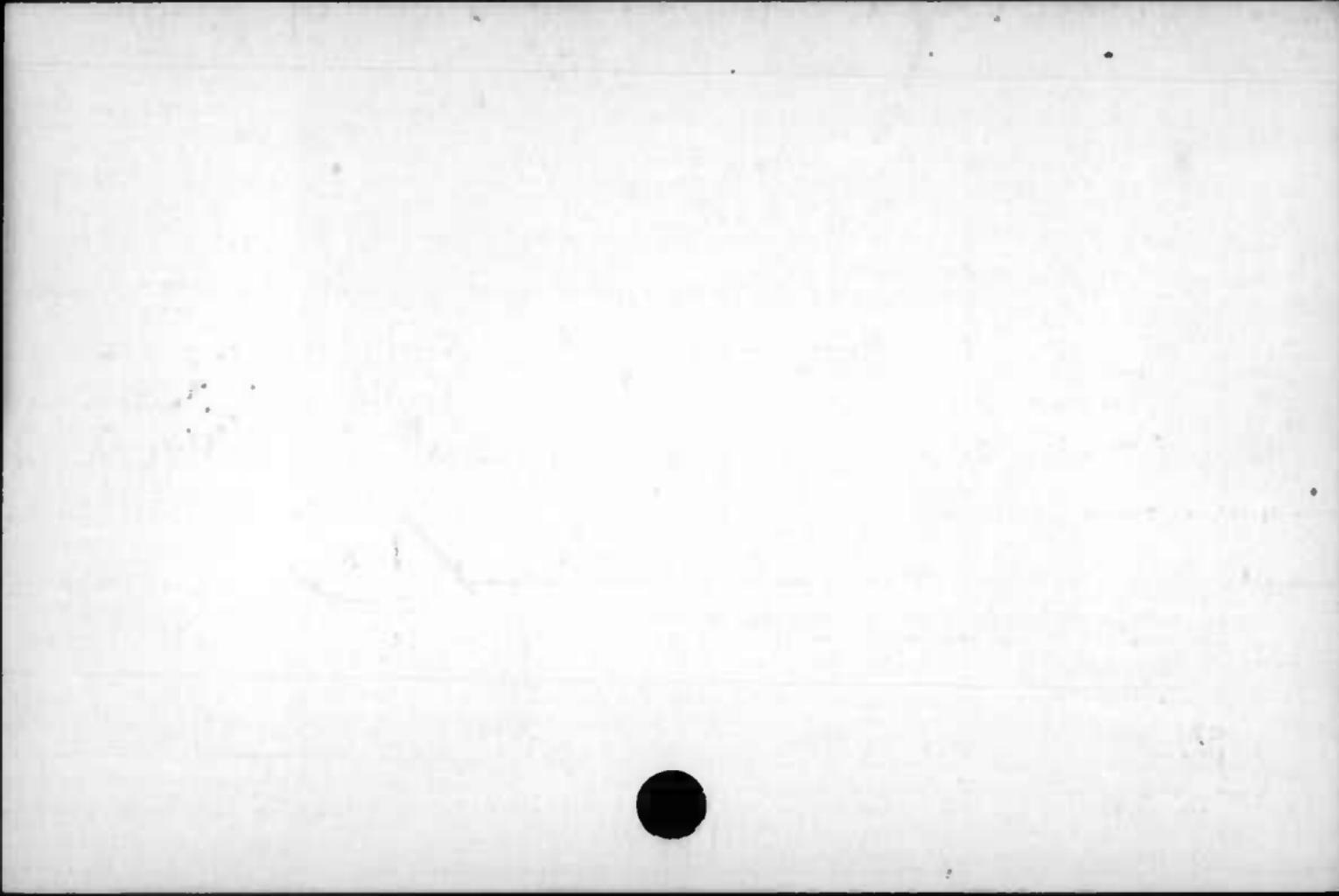
Jor Doury

Address

Dromada

Accident or Suicide?

None



Name  
in  
Full

John Devers -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Thurmont</u>		County <u>Frederick</u>	MARYLAND		
Date of death <u>1908</u>	Month <u>June</u>	Day <u>24</u>	Age <u>62</u>	Years	Months <u>2</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Md.</u>	Days <u>24</u>		
Occupation <u>Fanner</u>	Where Residing if not at place of death <u>home</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Elizabeth Chesser</u>	Father's Name <u>Andrew Devers</u>	Father's Birthplace <u>Ind</u>	Mother's Maiden Name <u>Mary Waddell</u>	Mother's Birthplace <u>Ind</u>
Name of person giving information <u>Elizabeth Devers</u>		How related to deceased <u>wife</u>		How long <u>20</u>	
Small, lacerated skin wound of left hand, which became infected by net					
Primary Cause of Death <u>Septic wound - Blood Poison</u>					
Immediate Cause of Death <u>Pulmonary thrombosis, heart failure</u>					
Are the name, age, sex, color, date and place correctly given above? <u>(yes)</u>		Signature of Physician <u>Morris A. Brumley</u>			
		Address <u>Thurmont, Md.</u>			
Accident or Suicide? <u>Accident</u>					



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Nancy Dusing

Town	Frederick Co			CERTIFICATE OF DEATH		
Died at	Rehersville	County				MARYLAND
Date of death	1908	Month June	Day 27	Years 60	Months 9	Days 14
Sex	Female	Color or Race	White	Birth-place	Hagerstown	
Occupation	Housewife			Where Residing if not at place of death	Hagerstown	
Married, Single or Widowed	Married	Name of Wife or Husband	Jacob Dusing			
Father's Name	Samuel Bowman			Father's Birthplace	Germany	
Mother's Maiden Name	Nancy Masie			Mother's Birthplace	Germany	
Name of person giving information	Harry Snyder			How related to deceased	Son	

CAUSES OF DEATH

79

How long

2 yrs.

How long

6 hours.

Primary

Calicular Disease Heart

Immediate

Pulmonary Occlusion

Are the name, age, sex, color, date and place correctly given above?

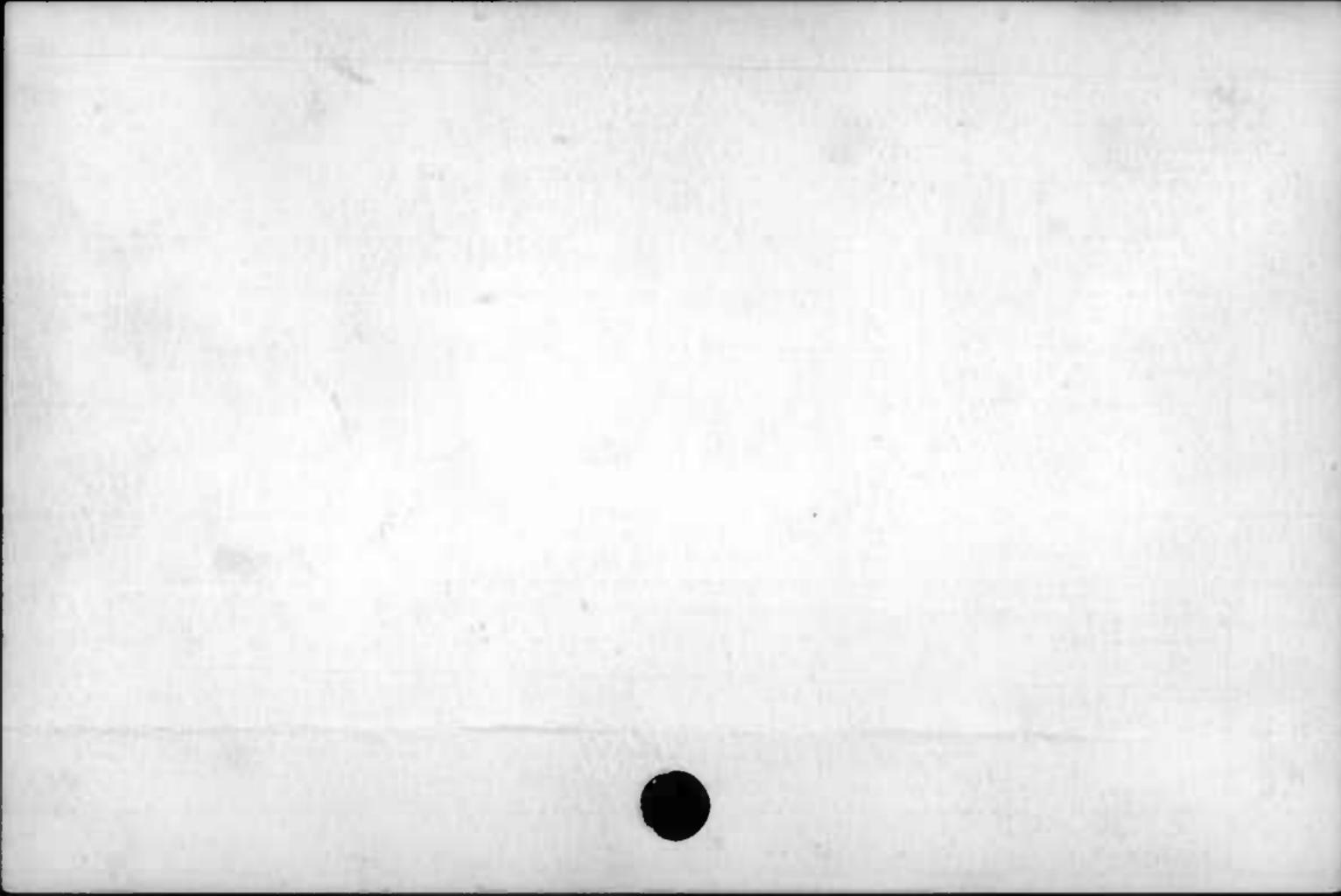
Signature of Physician

W. E. Wheeler

Address

Bowesboro  
Washington Co.

Accident or Suicide?



Name  
in  
Full

Pauline E. Autrow

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at

Town  
Frederick

County  
Frederick

MARYLAND

Date  
of death 1908

Month  
6

Day  
13

Years  
3

Months  
3

Days  
23

Age

Birth-

place

Sex

Swim

Color or  
Race

White

Frederick

Occupation

Where Residing if not  
at place of death

Sane

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

John L. Autrow

Father's  
Birthplace

Ft. Meade

Mother's  
Maiden Name

Mary A. Long.

Mother's  
Birthplace

" " "

Name of person giving  
Information

J. L. Autrow

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Broncho Pneumonia

How long

1 week

Immediate

Heart Failure

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

yes

Los B Johnson  
Frederick, Md

Accident or Suicide?

Interment at Mt Olivet

" June 15 - 08.

Thomas P. Rice Esq,

As. F. B. Johnson

- - -  
As McCurdy.

Name  
in  
Full

Stanley Lévi Flickinger

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Frederick</u> Town		County <u>Frederick</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>6</u>	Day <u>9</u>	Years <u>16</u>	Months <u>11</u>	Days <u>11</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Pa</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Lévi Flickinger</u>	Father's Birthplace <u>Pa</u>				
Mother's Maiden Name <u>Mary E. Hesson</u>	Mother's Birthplace <u>Pa</u>				
Name of person giving Information <u>Elsie Flickinger</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

177

How long

8 months

How long

2 hours

PHYSICIAN  
OR CORONER

Primary

Dropsy

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

yes

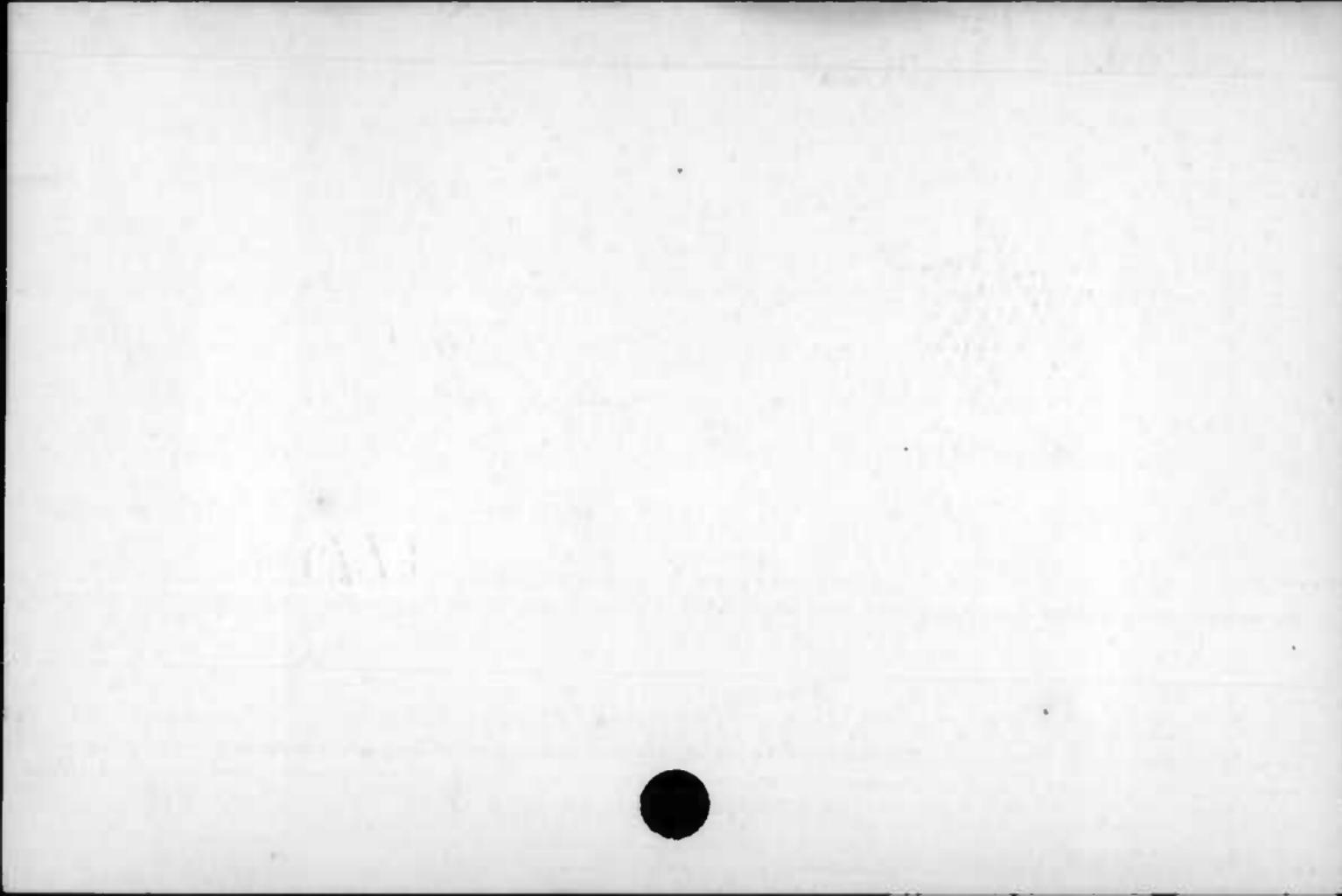
Signature of Physician

Address

A. R. Mackenzie M.D.

Frederick, Md.

Accident or Suicide?



Name  
in  
Full

Mary Elizabeth Fogle

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		
near Woodsboro		Frederick		
Date of death	Month	Years	Months	Days
1908	June	67	9	16
Sex	Female	Color or Race	White	Birthplace
Occupation	Housekeeper			
Where Residing if not at place of death	Same place			
Married, Single or Widowed	Name of Husband	Nicholas Fogle		
Widowed	Husband			
Father's Name	Philip Fogle			
Mother's Maiden Name	Susan Eyer			
Name of person giving information	Anna B. Fogle			

CAUSES OF DEATH

66

Primary	Paralysis - Complicated with mitral insufficiency	How long	5 days
Immediate	General exhaustion	How long	same - gradual

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

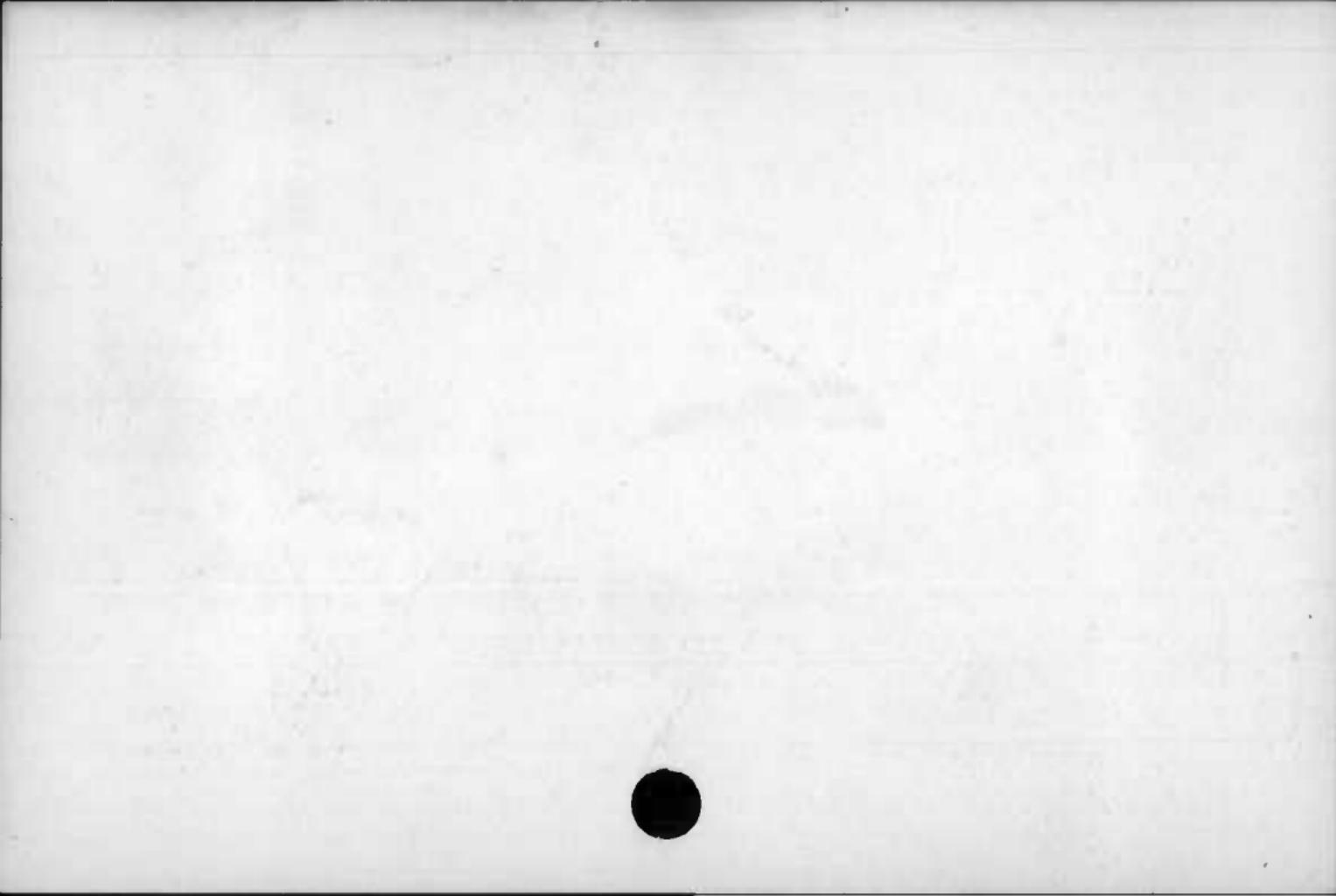
B. A. Stultz

Accident or Suicide?

Address

Woodsboro

no



Name  
in  
Full

Albert Kiel

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month 6	Day 2	Years 3	Months 11	Days
Sex	Male	Color or Race	Colored		Birth-place	Frederick
Occupation	X	Where Residing if not at place of death			X	
Married, Single or Widowed	X	Name of Wife or Husband	X			
Father's Name	Albert Kiel			Father's Birthplace	Frederick	
Mother's Maiden Name	Ada Isawis			Mother's Birthplace	"	
Name of person giving information	Albert Kiel			How related to deceased	Father	

CAUSES OF DEATH

61

How long

How long

PHYSICIAN  
OR CORONER

Primary

Menengitis

several days

Immediate

Convulsion

10 or 12 hrs

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. Leopold Baum

Frederick

red

Accident or Suicide?

2



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Roy

Hineyau

CERTIFICATE OF DEATH

MARYLAND

Died at 13 May 1908

Town

County

Day

Years

Days

Date  
of death

June

Month

Age

Months

2

12

29

—

—

Sex

male

Color or  
Race

white

Birth-  
place

MD

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Comst Hineyau

Father's  
Birthplace

Mother's  
Maiden Name

Paula Heyn

Mother's  
Birthplace

Name of person giving  
Information

Paula Heyn

How related  
to deceased

Germany  
Germany  
mother

CAUSES OF DEATH

151

Primary

Malnutrition

How long

2 mos

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

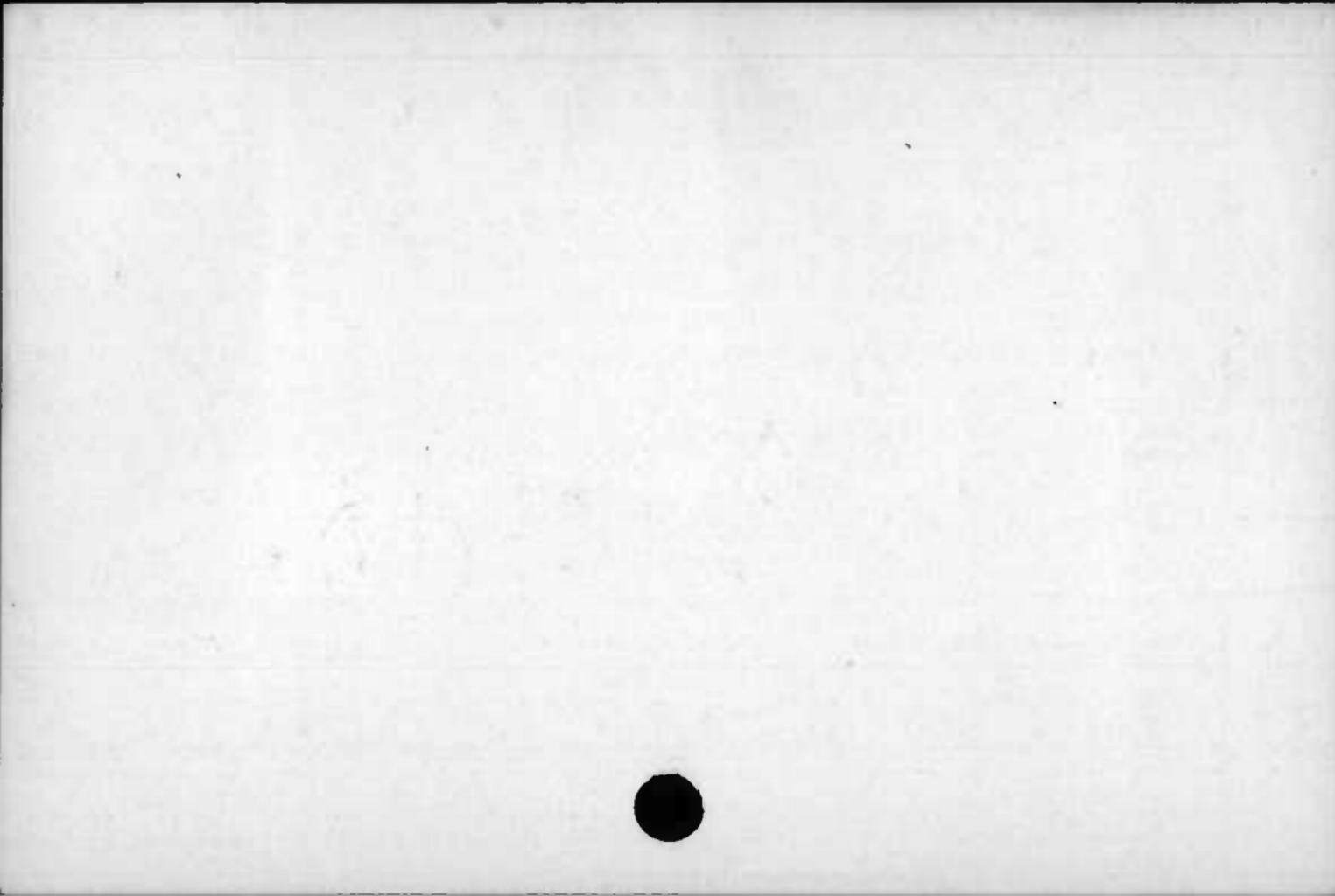
yes

Signature of  
Physician

Address

Lynn West -  
Brunswick -  
Frederick Co

Accident or Suicide?



Name  
in  
Full

George P. Hoile

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Brewsterick		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	June	23	Age 12	5	0	
Sex	Male	Color or Race	white	Birth-place	Md.	
Occupation	None			Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	H. C. Hoile			Father's Birthplace	Indiana	
Mother's Maiden Name	Belle C. Dawson			Mother's Birthplace	W. Va.	
Name of person giving information	H.C. Hoile			How related to deceased	father	

CAUSES OF DEATH

94

Primary

Emphysema (drained but neglected  
✓ left torso - dirty)

How long

1 year -

Immediate

Cerebral Embolism (?) (Convulsions)

How long

6 days.

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

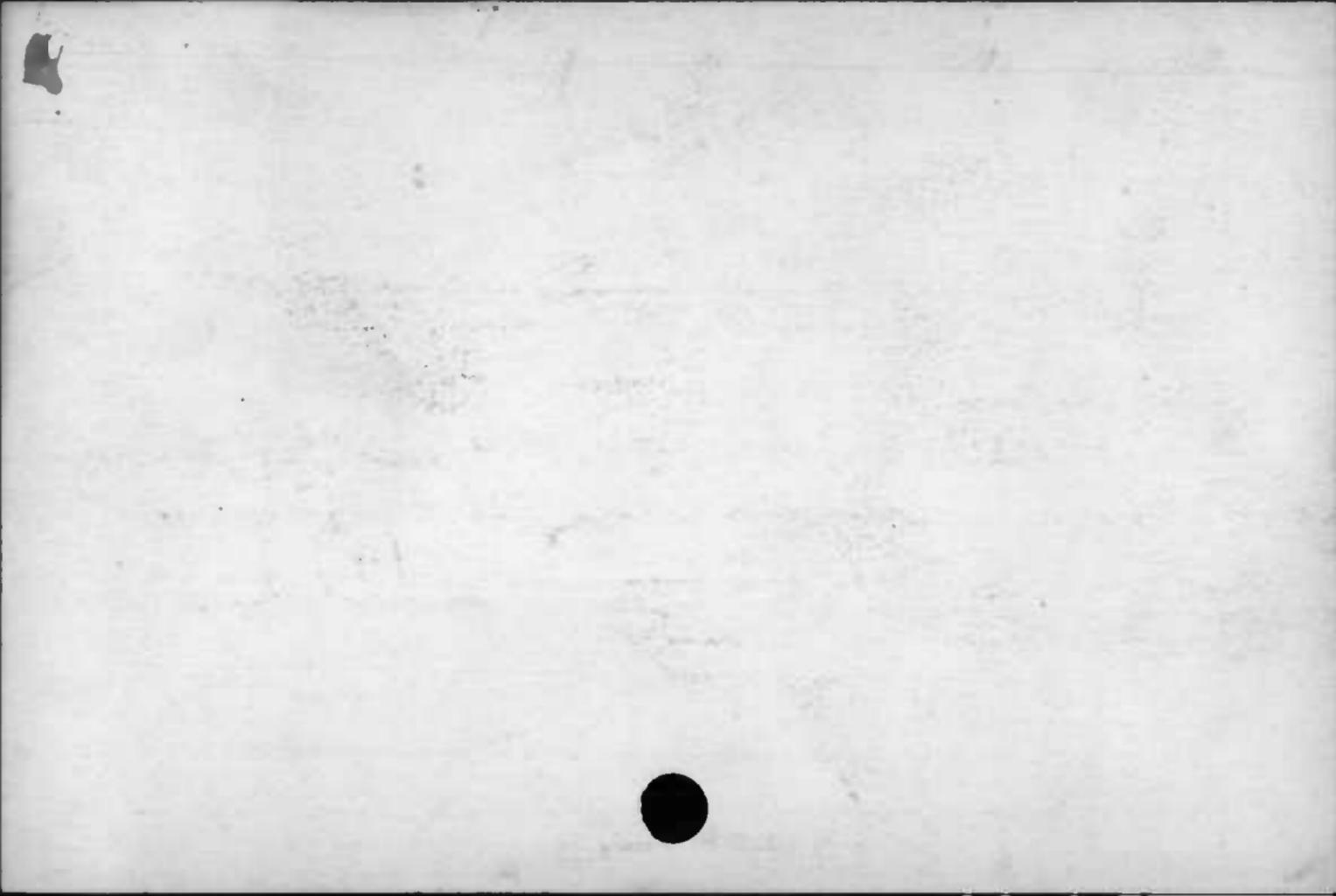
Yes

Signature of Physician

Address

C. W. R. Dunn h.  
Brewsterick, Md.

Accident or Suicide?



Name  
in  
Full

Barbara B. Jacobs

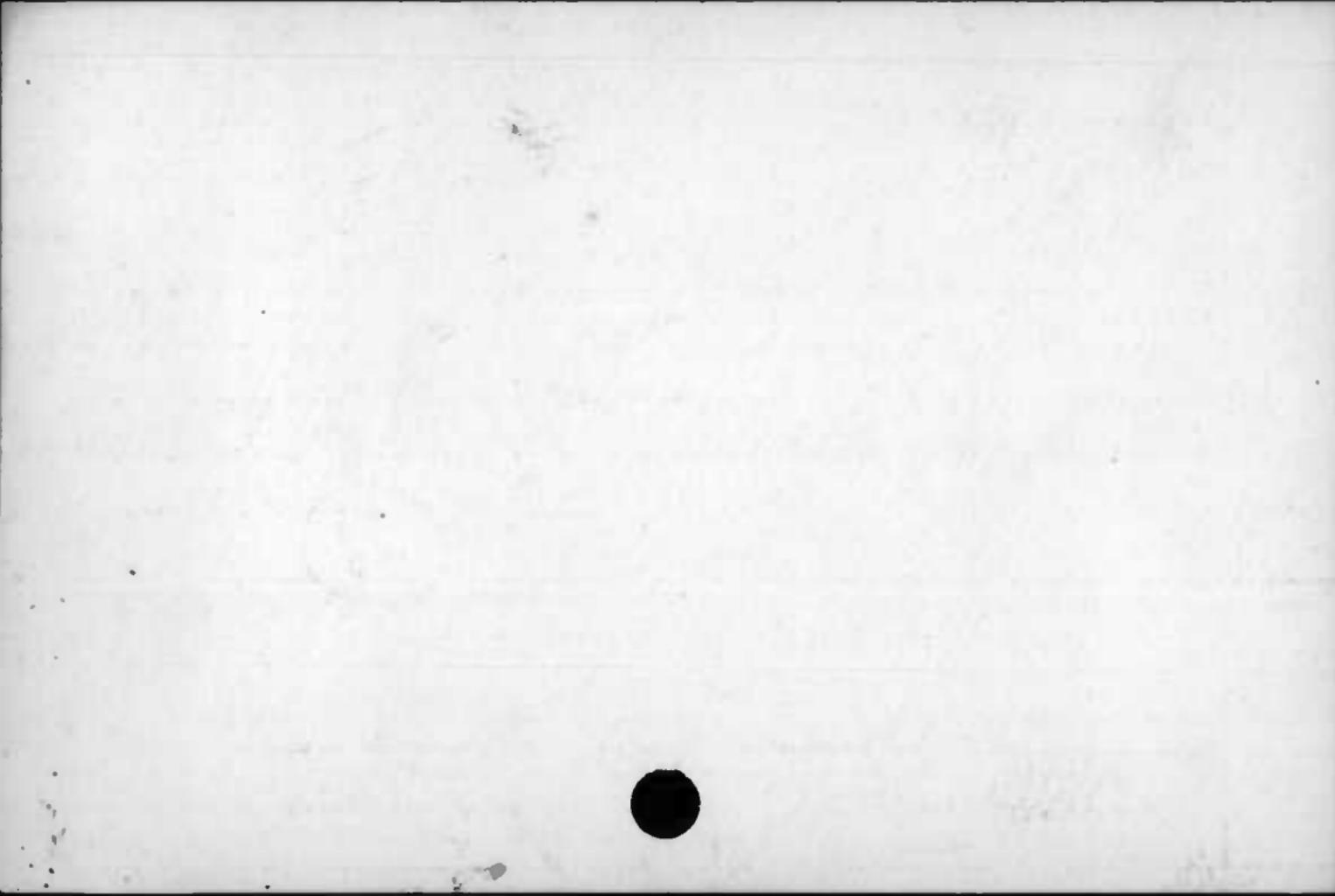
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Has now					Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information						How related to deceased
CAUSES OF DEATH						27

Primary	Phthisis Pulmonalis		How long	
Immediate	Hemorrhage of the Lungs		about 5 years	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long	
Yes		Sappington & Pearce	Short time	
		Address		
		Unionville		
		Maryland		
Accident or Suicide?				



Name  
in  
Full

John Edward King No. 9

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County	MARYLAND			
Died at Kempstown	Frederick				
Date of death 1908	Month June	Day 19	Years 63	Months 7	Days 7
Sex male	Color or Race white	Birth-place Maryland			
Occupation Carpenter	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband mattie G. King				
Father's Name walter King	Father's Birthplace Maryland				
Mother's Maiden Name Caroline Windsor	Mother's Birthplace Maryland				
Name of person giving information Edna King	How related to deceased Daughter				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Valvular heart disease + nephritis

79

How long 18 mo.

Immediate Cardiac failure + massive Conv.

How long 3 mth.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R.C. Felt M.D.  
Kempstown  
Md.

Accident or Suicide?



Name  
in  
Full

Evan Kline

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Town

Wolfsville

County

Frederick

MARYLAND

Date  
of death

1908

Month

June

Day

29<sup>th</sup>

Years

7

Age

Months

8

Days

12

Sex

Male

Color or  
Race

White

Birth-  
place

Wolfsville Md

Married, Single  
or Widowed

Occupation

Name of Wife or  
Husband

Father's  
Name

Calvin

Kline

Father's  
Birthplace

Wolfsville Md

Mother's  
Maiden Name

Ada

Lynn

Mother's  
Birthplace

Wolfsville Md

Name of person giving  
Information

Carrie St. George

How related  
to deceased

Known  
no way as

CAUSES OF DEATH

166

Primary

There was no Physician on hand was one day  
thought the child ate too many cherries it  
also fell off of a wagon

How long

Immediate

the child ate too many cherries it  
also fell off of a wagon

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

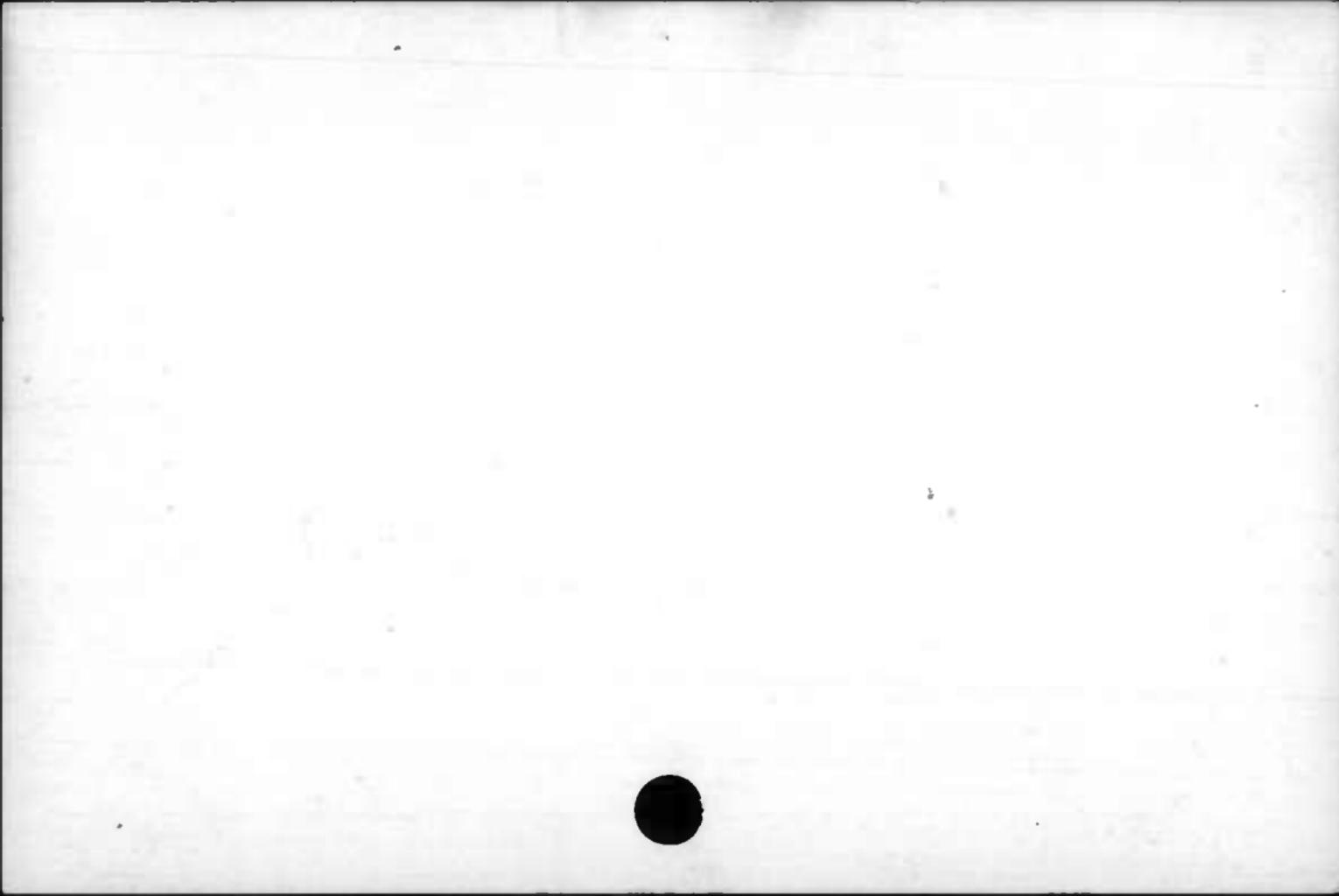
and hurt  
his head and died from  
the effects

Address

John W. Hoover J.P.  
Martinsburg Maryland

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Samuel Kolb.

CERTIFICATE OF DEATH

Died at	POW	County	MARYLAND
Date of death	Month	Year	Months Days
1908	June	27	6 26
Sex	Day	Age	Birth-place
Male	Color or Race	88	Md
Occupation	Where Residing if not at place of death		
Harmer	Margant Esworthy		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Mother's Birthplace
Widower	Samuel Kolb	Samuel	Esworthy
Mother's Maiden Name	Margant Esworthy	Mother's Name	nd
Name of person giving Information	Mr Rmly	How related to deceased	Daughter

CAUSES OF DEATH

Primary: Nephritis, Senility, Blind  
Secondary: Dementia, Paroxysm

(120)

How long

6 years  
8 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

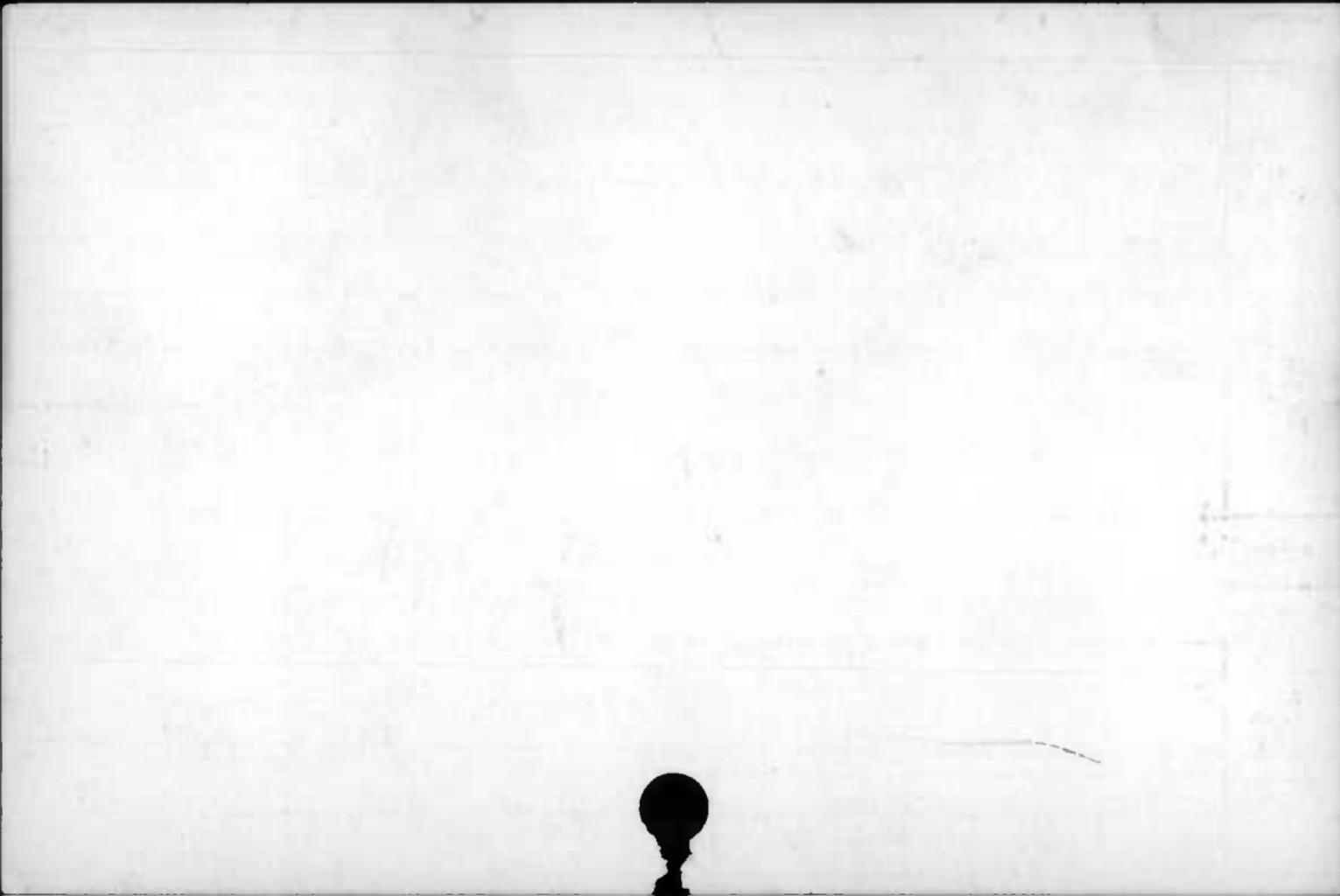
yes

Signature of Physician

Address

F. Hedges  
Frederick

Accident or Suicide?



Name  
in  
Full

Clarence T. Gighter.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

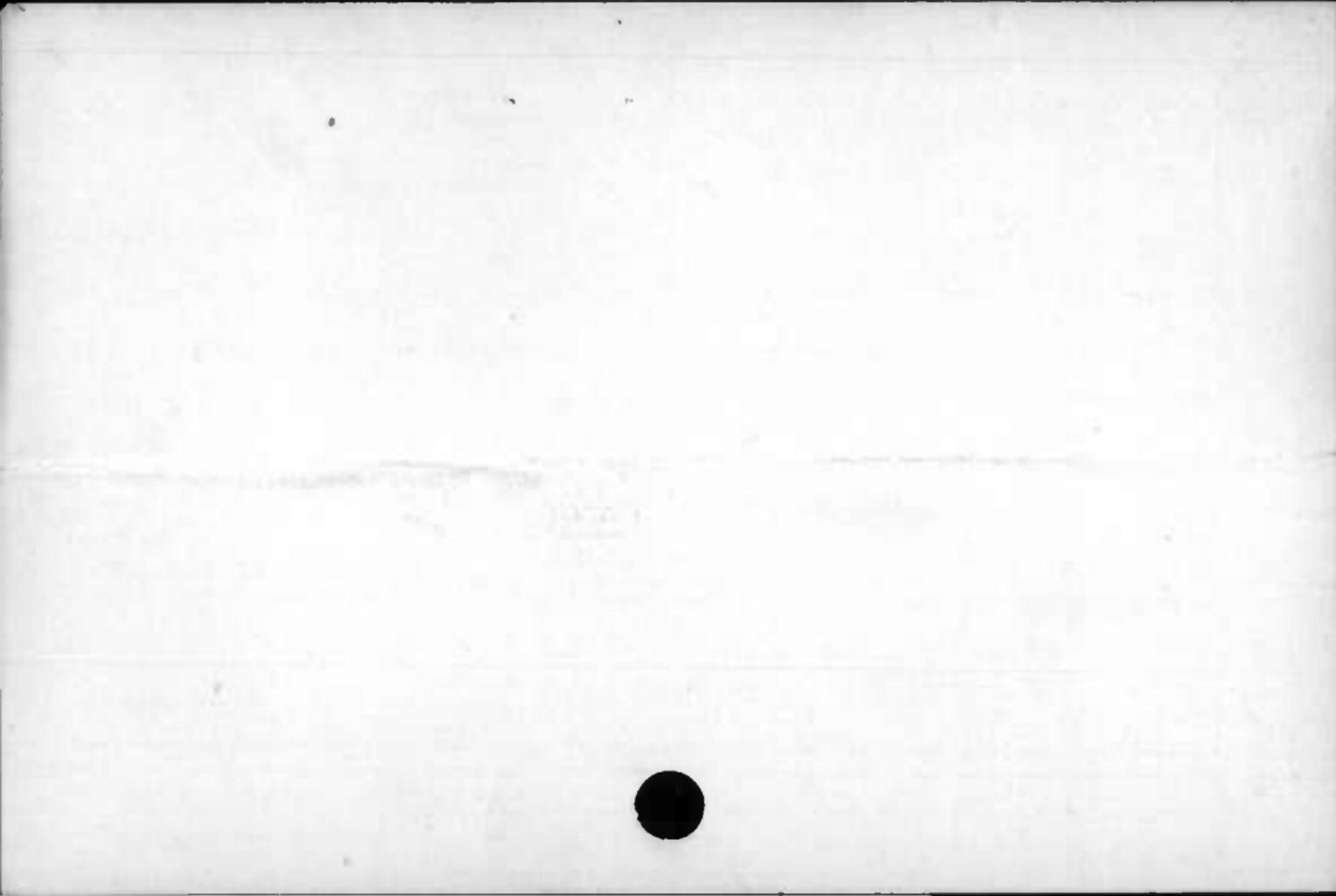
Died at	Town	County			
Died at Dear Point of Rocks Frederick		County Frederick			
Date of death 1908	Month 6	Day 27	Age 56	Years	Months 3
Sex Male	Color or Race White	Birth-place Baltimore	Days 2		
Occupation Laborer	Where Residing if not at place of death				
Married, Single or Widowed Widower	Name of Wife or Husband Jane Gighter				
Father's Name John Gighter	Father's Birthplace Middletown				
Mother's Maiden Name Rebecca Kessler	Mother's Birthplace Jefferson				
Name of person giving Information Isabelle Luggins	How related to deceased Cousin				

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Consumption	How long 3 yrs
Immediate Heart failure	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician
	Address
Accident or Suicide?	L.T. Conley, M.D. St. James Street Frederick, Md.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

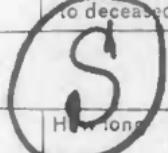
## CERTIFICATE OF DEATH

MARYLAND

Loyd  
Frederick

Died at	Town	County		
Date of death 1960	Month	Age	Years	Months Days
Sex Male	Color or Race	white	Birth-place	Brunswick
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Ernest Lloyd			
Mother's Maiden Name	Cora May Thompson			
Name of person giving Information	Ernest Lloyd			

## CAUSES OF DEATH



Primary

Immediate

Still Birth  
yes

Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

Ab Horne  
Brunswick  
Md

Accident or Suicide?

4

2.

3. 4.

5.

6.

Name  
in  
Full

Velma Victoria Jones (Louis) JONES CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	Garfield		County	Frederick	
Date of death 1908	Month June	Day 9	Years Age 4	Months 1	Days 30
Sex female	Color or Race White	Birth-place Near Garfield, Md.			
Occupation /	Where Residing if not at place of death /				
Married, Single or Widowed Single	Name of Wife or Husband William Jones Sr		/		
Father's Name William Jones Sr	/		Father's Birthplace Near Garfield	/	
Mother's Maiden Name Annie M. Burkman	/		Mother's Birthplace Near Towerville	/	
Name of person giving Information Annie M. Jones	How related to deceased Mother				

CAUSES OF DEATH

120

How long

3 months

How long

10 days

PHYSICIAN  
OR CORONER

Primary

Auto nephritis

Immediate

Exema

Are the name, age, sex, color, date  
and place correctly given above?

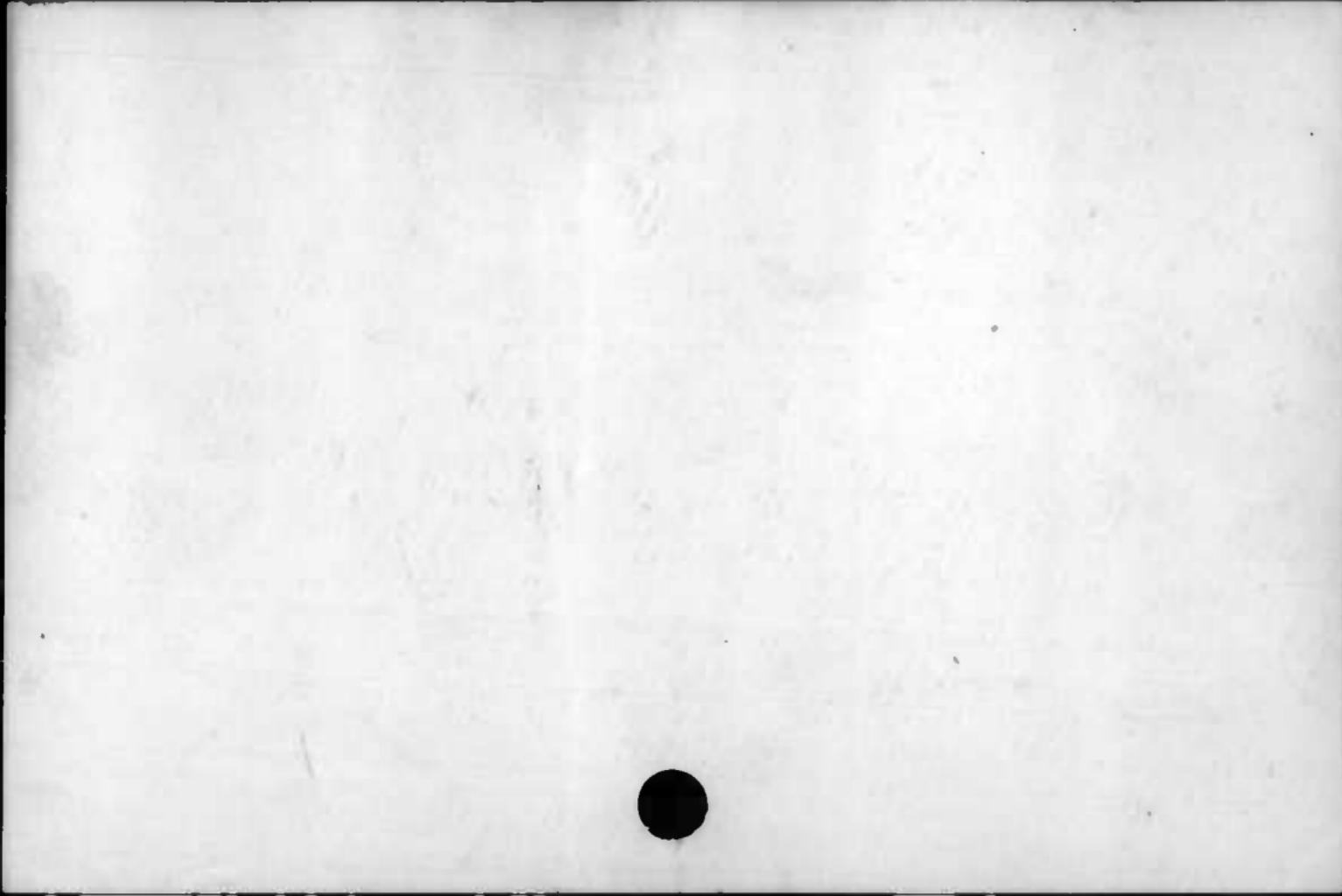
yes

Signature of  
Physician

Address

Lil Chapman  
Thurmont Md.

Accident or Suicide?



Name  
in  
Full

Mary Jane E. McCleery

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u>		Town	County <u>Frederick</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>6</u>	Day <u>20</u>	Age <u>75</u>	Years	Months <u>7</u>	Days <u>12</u>	
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>F. 100 Mad.</u>				
Occupation <u>House Wife</u>	Where Residing if not at place of death <u>Same</u>						
Married, Single, or Widowed <u>Widow</u>	Name of Wife or Husband <u>Perry B. McCleery</u>						
Father's Name <u>Joshua Adcock</u>	Father's Birthplace <u>F. 100 Mad.</u>						
Mother's Maiden Name <u>Sarah Reifsnyder</u>	Mother's Birthplace <u>" "</u>						
Name of person giving information <u>Perry B. McCleery</u>	How related to deceased <u>Son</u>						

CAUSES OF DEATH

50

Primary Diabetes Mellitus & Chronic Rheumatoid Arthritis - For years

How long

Immediate Hæmorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J.O. Hendrix, M.D.  
Frederick, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?

Interment at Mt Olivet Cem-

" June 22 - 08

Thomas P. Rice F. d.

As McCurdy

Name  
in  
Full

Mary McLaughlin

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	6	11	82	2	16
Sex	Female	Color or Race	20th	Birth-place	Md
Occupation	Retired	Where Residing if not at place of death	X		
Married, Single or Widowed	Name of Wife or Husband	X			
Father's Name	Jean M McLaughlin	Father's Birthplace	Md		
Mother's Maiden Name	Patrick - James	Mother's Birthplace	Md		
Name of person giving information	Mrs G. E. Karpoff	How related to deceased	Niece		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cystic Bronchitis

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yr.

Signature of Physician

Address

91

How long

10 years

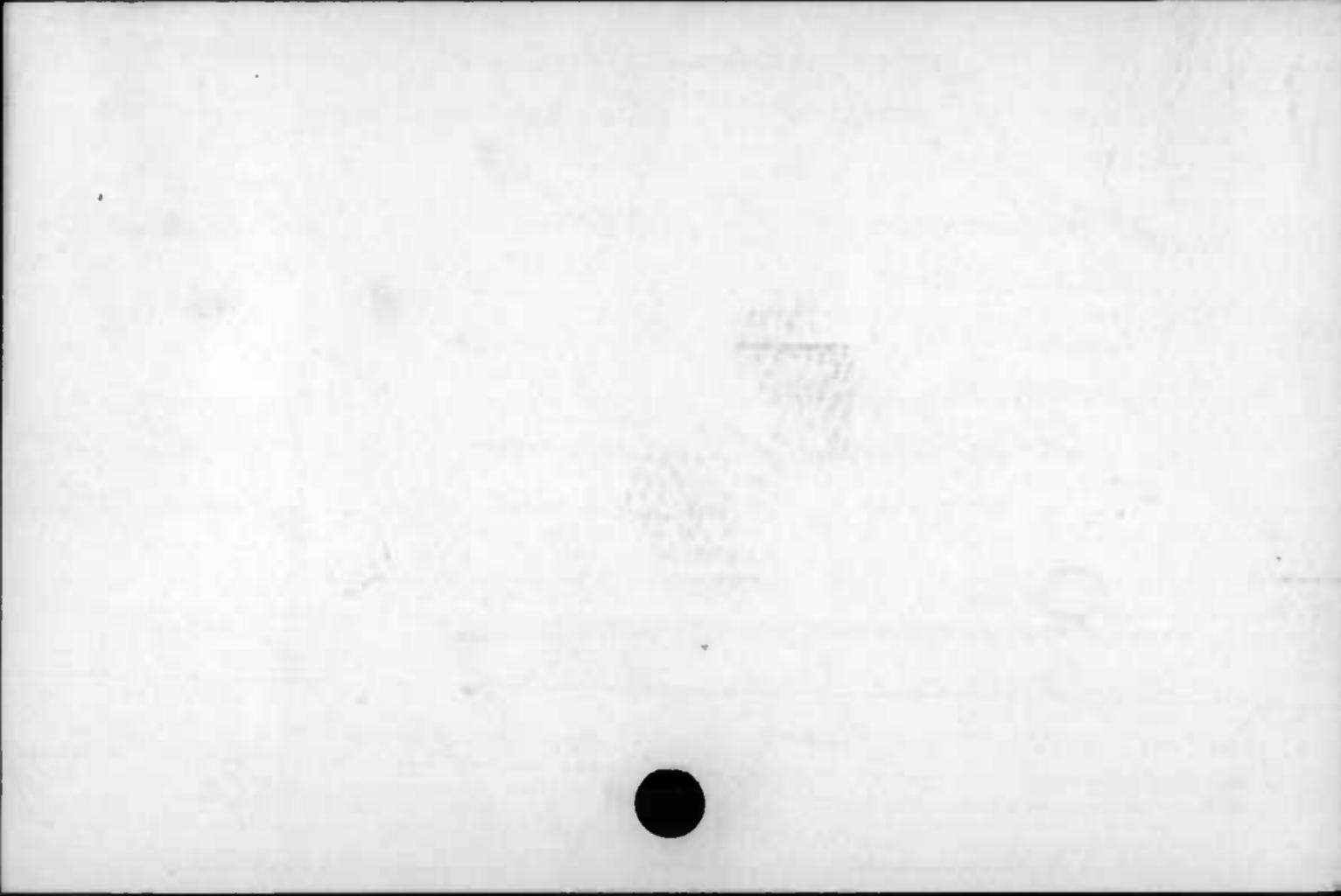
How long

Sudden

Chas. J. Goodwin

Fredcnck - Md

Accident or Suicide?



Name  
in  
Full

Charles Mackentire

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Old Fields	Town,	County	MARYLAND		
Date of death	1908	Month June	Day 12	Years 33	Months 6	Days 3
Sex	Male	Color or Race	Black	Birth-place	Old Fields	
Occupation	Labourer	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Minnie	Father's Name	Joseph Mackentire	
Mother's Maiden Name	Cordeelia Mathews	Mother's Birthplace	Old Fields			
Name of person giving information	Liza Mathews	How related to deceased	grand brother			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pthisis Pulmonalis

27

How long

Year  
Wks.

Immediate

General exhaustion

How long

Year  
Wks.

Are the name, age, sex, color, date and place correctly given above?

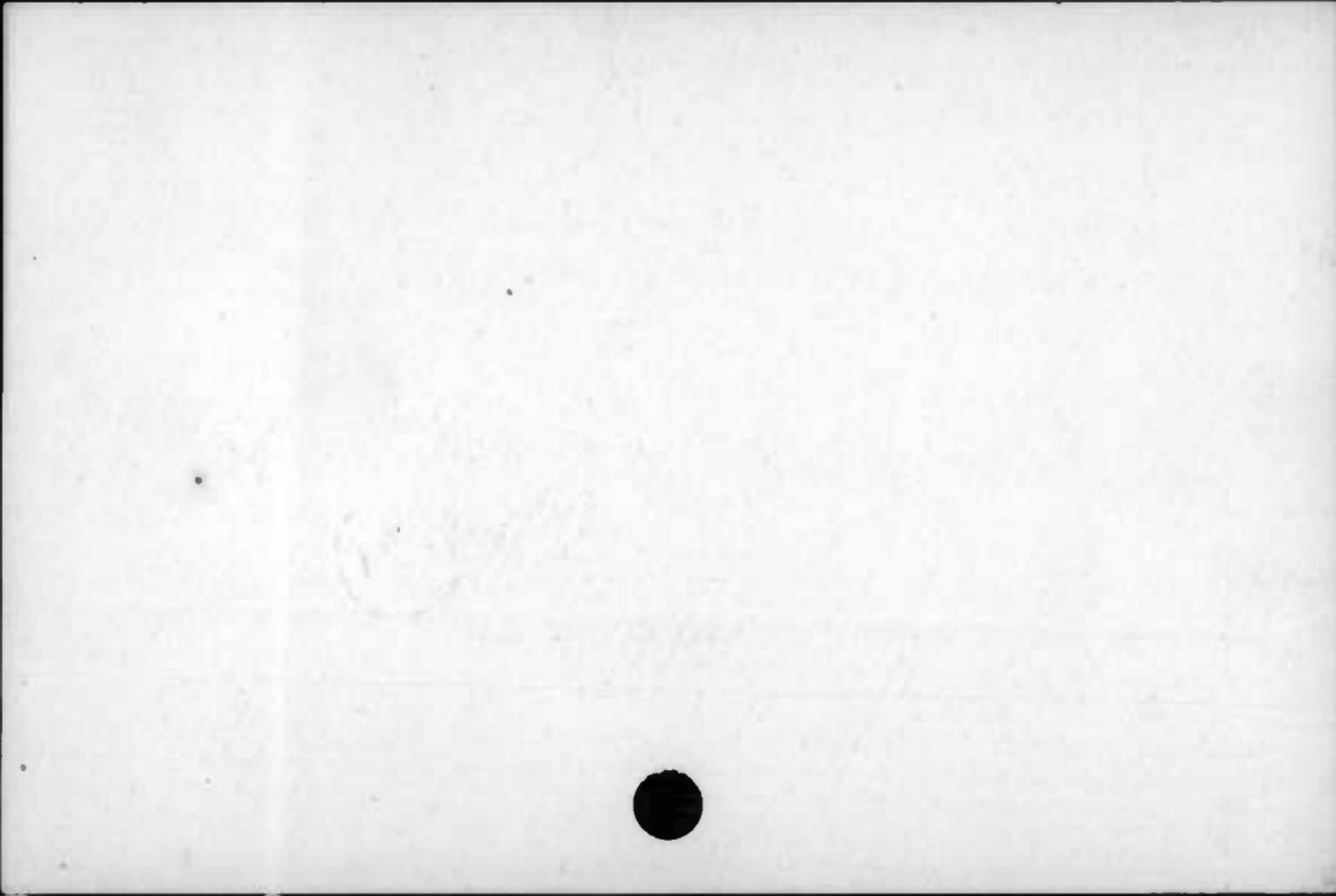
Yes

Signature of Physician

Address

Saffington & Pearre  
Unionville  
Md.

Accident or Suicide?



Name  
in  
Full

Hays Edward Nelson May

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND		
Died at Frederick	Frederick			
Date of death 1908	Month June	Day 4 <sup>th</sup>	Years —	Months 2
Sex Male	Color or Race White	Birth-place Frederick Md		
Occupation —	Where Residing if not at place of death			
Married, Single or Widowed —	Name of Wife or Husband —			
Father's Name Henry May	Father's Birthplace Frederick Md			
Mother's Maiden Name Nellie B. Stetson	Mother's Birthplace Frederick "			
Name of person giving information Father of Child	How related to deceased			

CAUSES OF DEATH

18

How long

5 days.

How long

1 day

PHYSICIAN  
OR CORONER

Primary

Enysipias. (tuber)

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

No

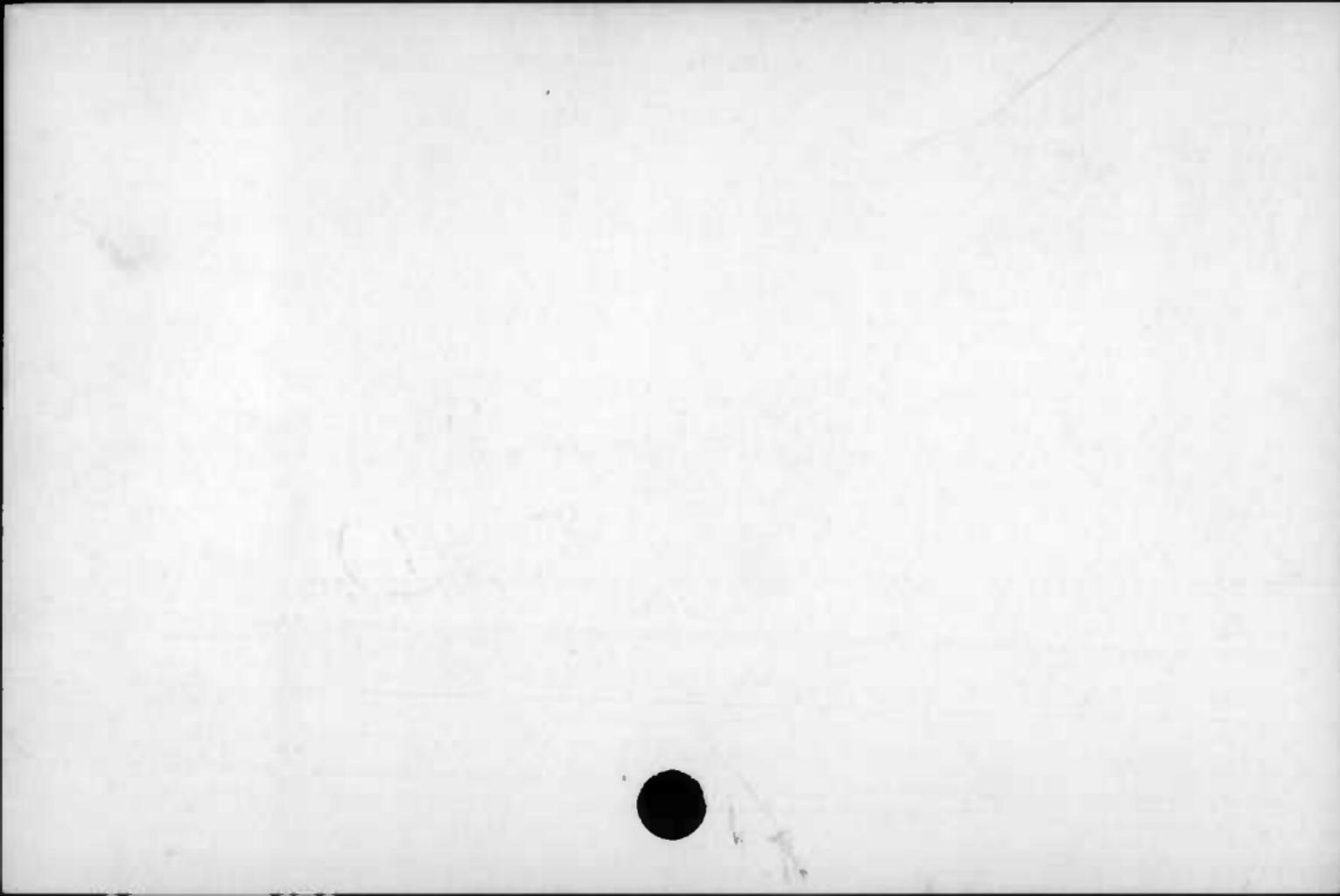
Signature of Physician

Address

H. P. Falmy

Frederick Md

Accident or Suicide?



Name  
in  
Full

Mary C. K. Mehuling

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Frederick.		Frederick			
Date of death	Month	Day	Years	Months	Days
1908	6	5	60	8	20
Sex	Female	Color or Race	White	Birth- place	Md
Occupation	Wife		Where Residing if not at place of death	✓	
Married, Single or Widowed	Name of Wife or Husband		George Mehuling		
Father's Name	John F. Kriessner		Father's Birthplace	Germany	
Mother's Maiden Name	Agnes Kriching		Mother's Birthplace	Germany	
Name of person giving Information	Dora Mehuling		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Valvular Disease of Heart*

79

How long

5 years

Immediate *Abscess in Liver*

1 week

Are the name, age, sex, color, date  
and place correctly given above?

Yrs

Signature of  
Physician

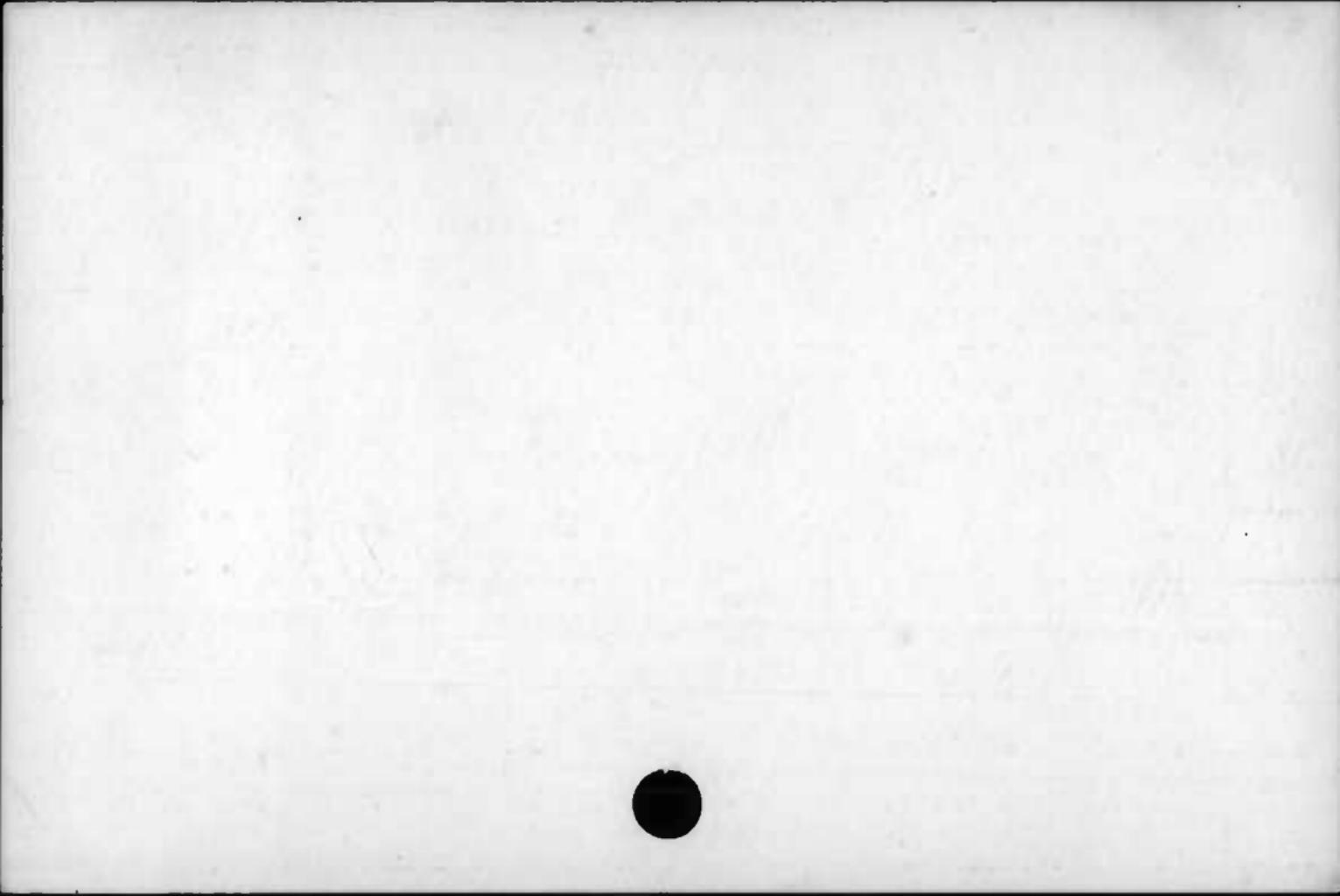
Address

6-F. Goodwin  
Frederick.

Md

Accident or Suicide?

X



Name  
in  
Full

Daniel J. Brown Michael

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	
Died at <u>Indians</u>	County <u>Indians</u>	
Date of death <u>1908</u>	Month <u>June</u>	Day <u>9</u>
Age <u>69.</u>	Years	Months <u>8.</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Indians, Canada</u>
Occupation <u>Housewife</u>	Where Residing if not at place of death <input checked="" type="checkbox"/>	
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Eugenia Michael</u>	Father's Birthplace <u>Indians, Canada</u>
Father's Name <u>Henry S. Michael</u>	Mother's Maiden Name <u>Mary Crown.</u>	Mother's Birthplace <u>Indians, Canada</u>
Name of person giving Information	How related to deceased <input checked="" type="checkbox"/> 120	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronic Bright's Nephritis.

120

18 or 20 yrs.

Immediate

Acute Uremia.

How long

successively

Are the name, age, sex, color, date and place correctly given above?

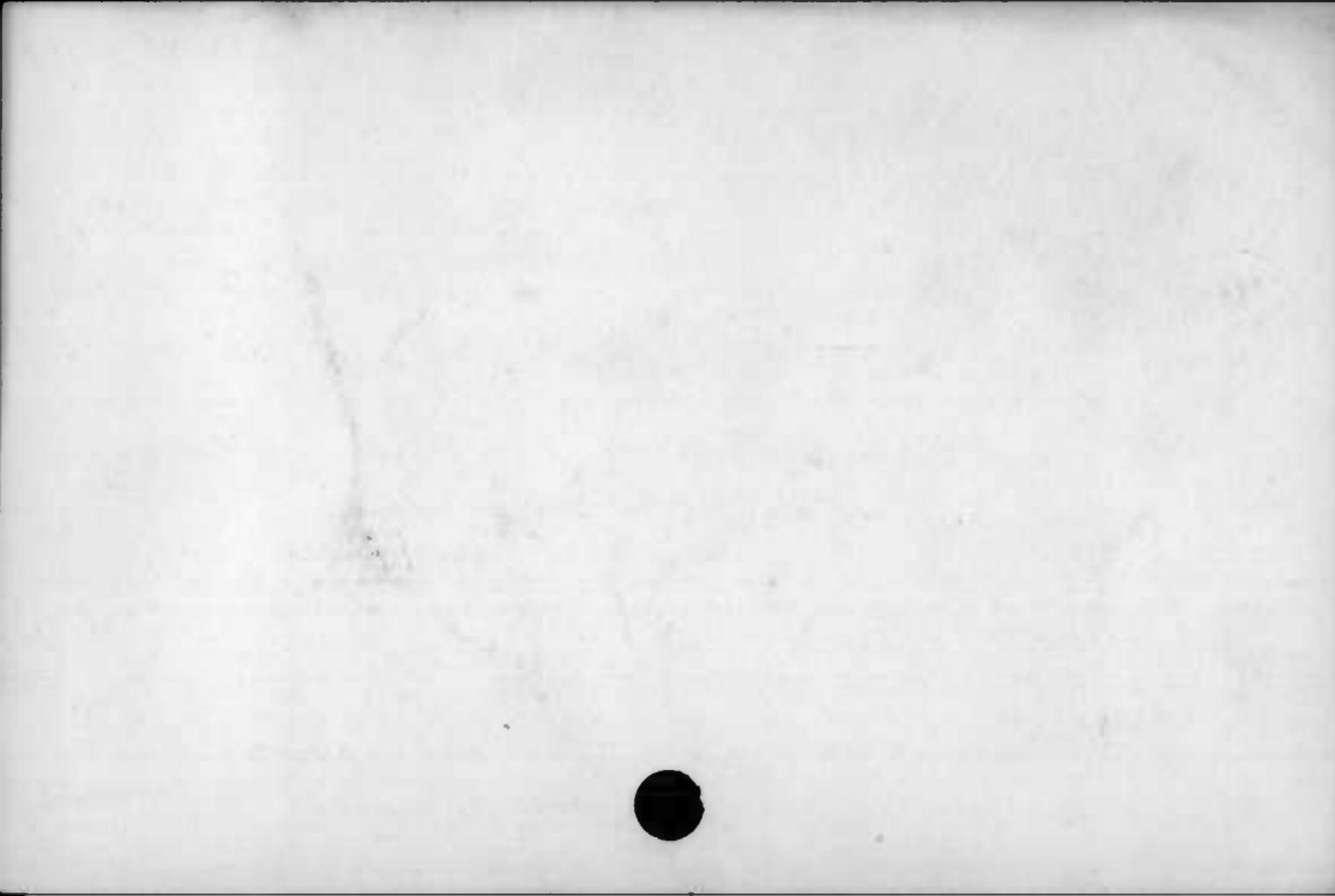
Signature of Physician

Address

J. B. Johnson, M.D.

Indians, Ind.

Accident or Suicide?



Name  
in  
Full

Sophia & Michael

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Pooley Ridge	Fred	-	Months	Days
Date of death	1908 Month	Day	Age	Years	10 Days
Sex	Female	Color or Race	white	Birth-place	Leticia Miss Md
Occupation	Zones	Where Residing if not at place of death	at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	Lyra Michael	Lutes Niles	
Father's Name	John Huchlin	Father's Birthplace	Lutieay Md		
Mother's Maiden Name	Susair Cleen	Mother's Birthplace	" "		
Name of person giving information	C. H. Morris	How related to deceased	Nephew		

CAUSES OF DEATH

64

How long

How long

2 1/2 yrs

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

C. H. Morris  
+ Detour  
Md



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Midury

Town

County

MARYLAND

Died at Frederick

Frederick

Month

Day

Years

Months

Days

Date  
of death

1908 June

Age —

1908 June 5 —

1908 June 5 —

Sex

Female

Color or  
Race

Calvert

Birth-  
place

Md

Occupation

X

Where Residing if not  
at place of death

V

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

X

Father's  
Name

Harry Midury

Father's  
Birthplace

Md

Mother's  
Maiden Name

Riggetta Midury

Mother's  
Birthplace

Md

Name of person giving  
Information

Nigga Shaebs

How related  
to deceased

Student

## CAUSES OF DEATH

151

Primary

Premature Birth (Twins)

How long

—

Immediate

Cardios Cerebral

How long

6 hours

Are the name, age, sex, color, date  
and place correctly given above?

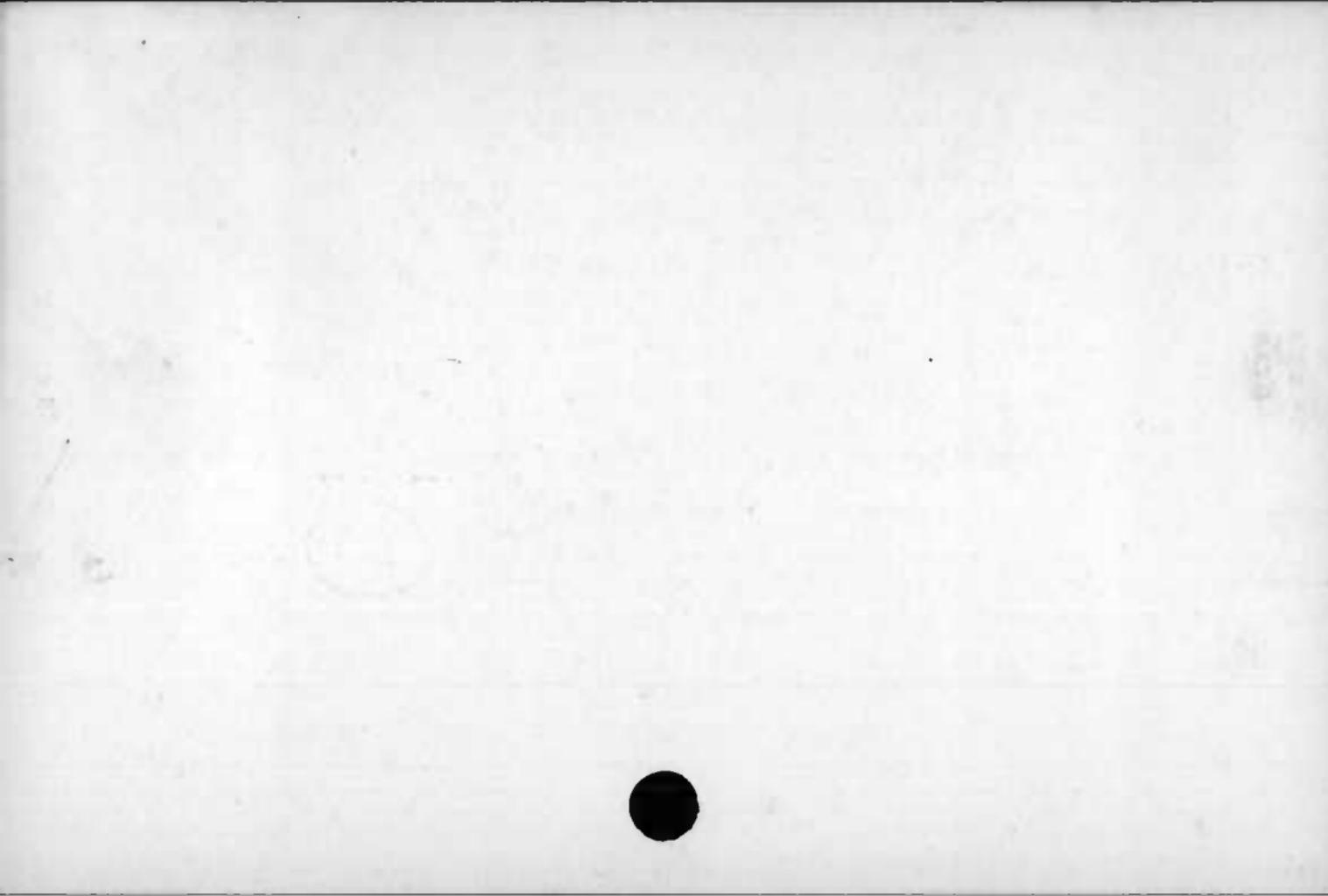
Yes

Signature of  
Physician

Address

John Gandy, M.D.  
Frederick

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Hannah May Minor

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County				
Knoxville	Dade					
Date of death	Month	Day	Years	Months	Days	
1908	6	20	—	one	1	
Sex	Female	Color or Race	White	Birth-place	Knoxville	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Robert Emmons Minor			Father's Birthplace	Va.	
Mother's Maiden Name	Hattie E. Loy			Mother's Birthplace	Ha.	
Name of person giving information	A. E. Minor			How related to deceased	Hattie	

CAUSES OF DEATH

150

How long

time back

How long

Primary

General deformity

Immediate

Are the name, age, sex, color, date and place correctly given above?

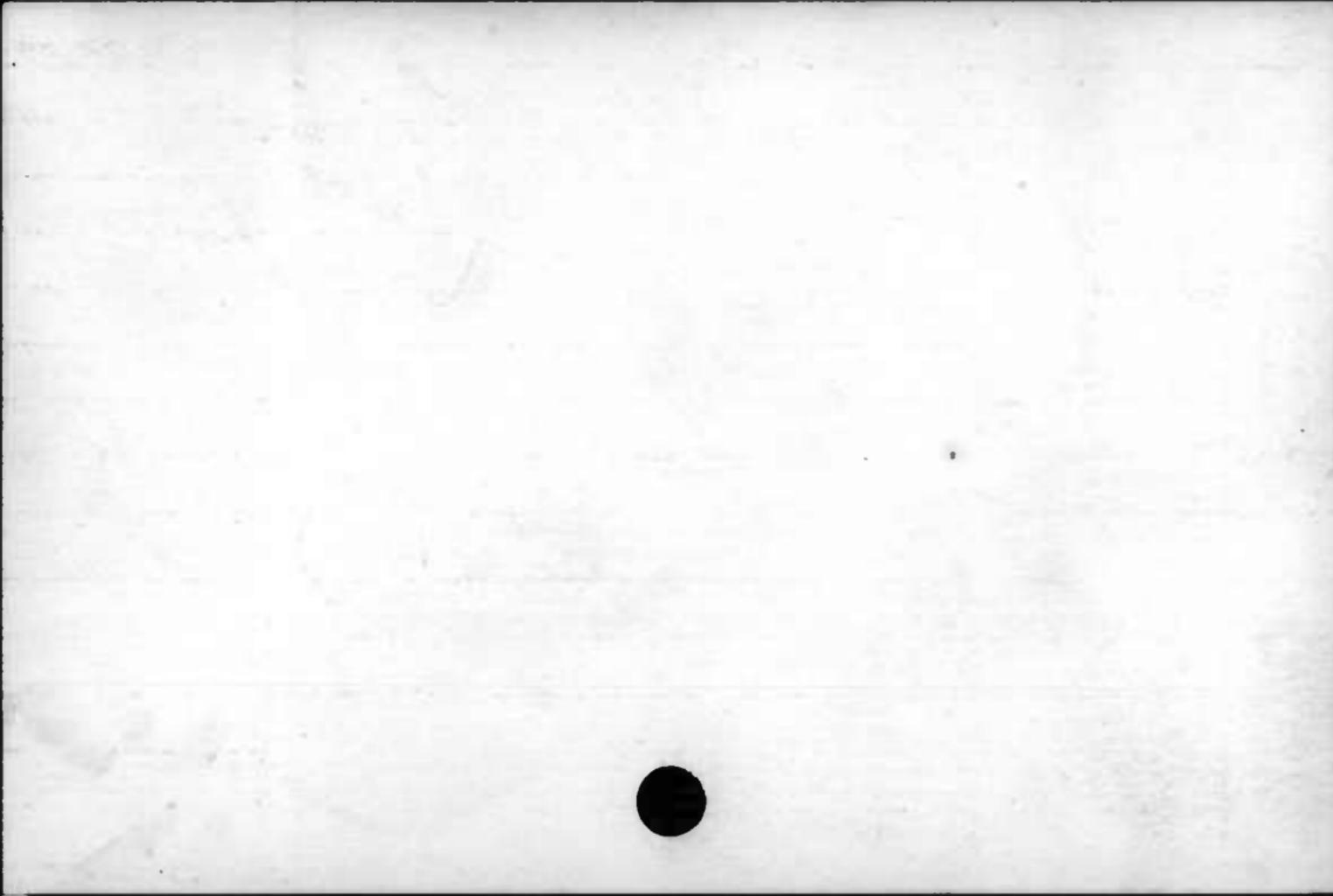
Yes

Signature of Physician

Sam'l Claggett  
Pensacola

Address

Accident or Suicide?



Name  
in  
Full

James J. Montgomery

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	6	24	Age 83	7	
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Retired Farmer		Where Residing if not at place of death	at place of death	
Married, Single or Widowed	Married	Name or Wife of Husband	Lydia Ebbets Montgomery		
Father's Name	Wm		Father's Birthplace		
Mother's Maiden Name	Wm		Mother's Birthplace		
Name of person giving Information	Mr Jas. J. Montgomery		How related to deceased	wife	

CAUSES OF DEATH

Primary

Paralysis

66

How long

one year

Immediate

Degenerative Change in heart kidneys and lungs

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

George H. Riggs M.D.

Gainesville Md.

Accident or Suicide?

Bobby  
McKenney  
9/6/08

Name  
in  
Full

Marzie Norris

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Lewis Norris			
Father's Name	Sanger Brooks				
Mother's Maiden Name	Matilda Wood				
Name of person giving information	Sandra Lippincott				

CAUSES OF DEATH

64

How long

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Central Hemorrhage 12 hours

Are the name, age, sex, color, date and place correctly given above?

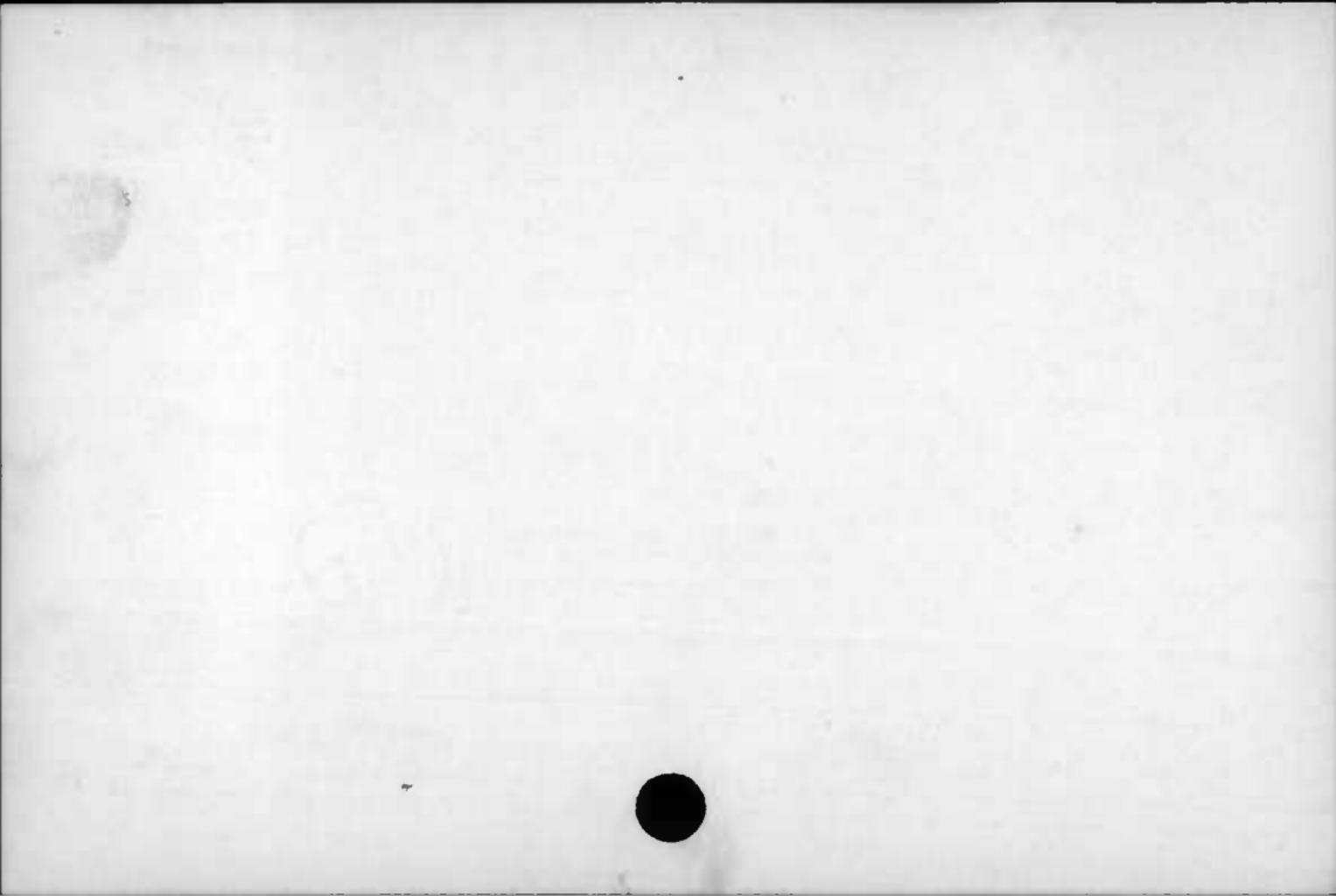
Signature of Physician

Address

A. G. Horine

Brunswick  
Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

George Wudock Potts

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month June	Day 11	Years 70	Months 9	Days 18
Sex	Male	Color or Race	Caucasian		Birth-place	Md
Occupation	Retired Bank Officer			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	none			
Father's Name	George Wudock Potts			Father's Birthplace	Md	
Mother's Maiden Name	Cornelia Ringgold			Mother's Birthplace	Md	
Name of person giving information	Mrs. C.W. Ross Jr.			How related to deceased	sister	

CAUSES OF DEATH

120

How long?

?

How long

36 hours

Primary

arteriosclerosis

Immediate

Meniere's Disease

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

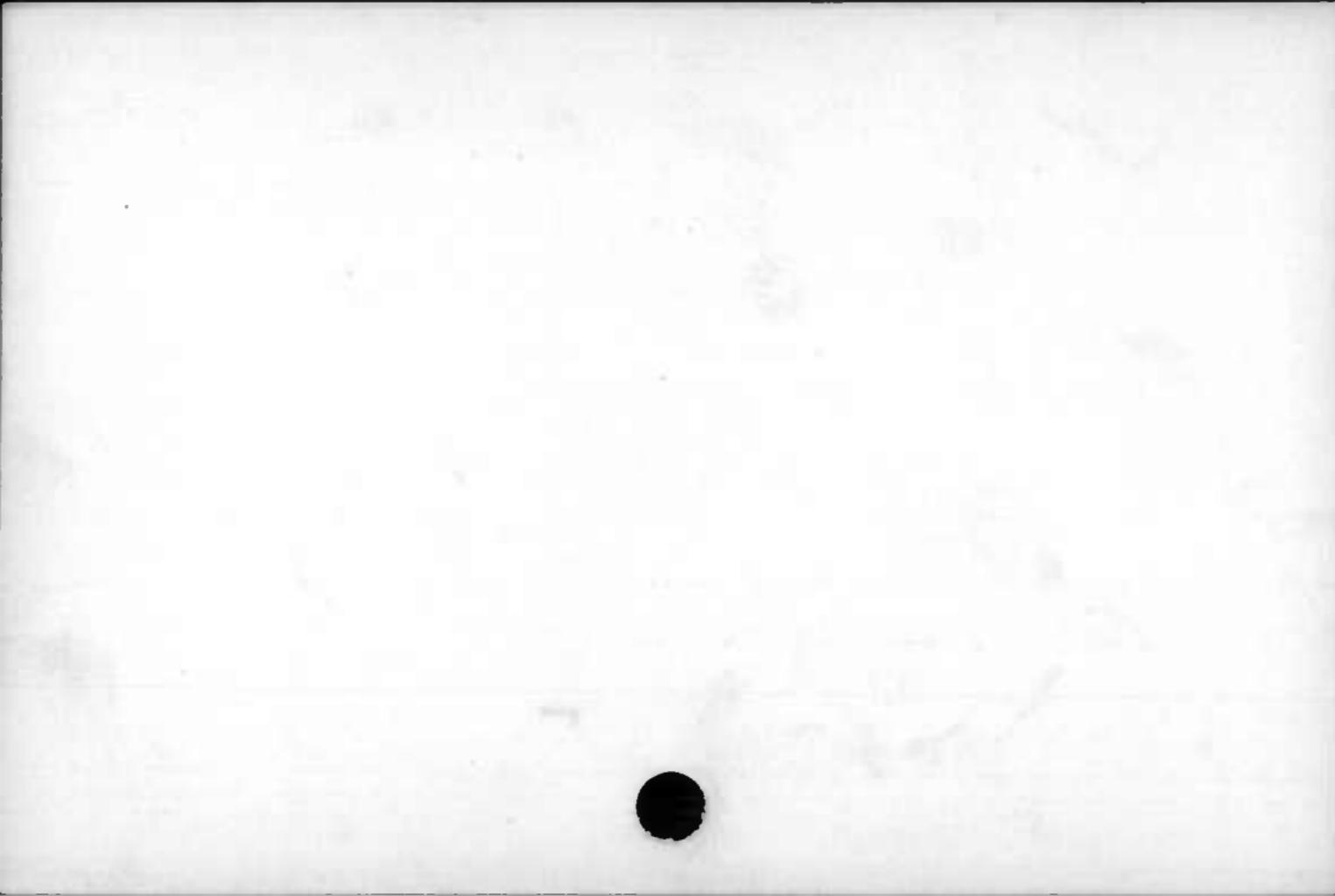
Wm Cawley & Son

Address

Fredk Md

Accident or Suicide?

neither



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH					
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	63	4	8
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Sarah Jemimah			
Father's Name	John Jemimah				
Mother's Maiden Name	Mary Jemimah				
Name of person giving information	Edward Jemimah				

CAUSES OF DEATH

80

PHYSICIAN  
OR CORONER

Primary

Angina Pectoris  
Heart failure

Intervals 5 days  
How long few minutes

Immediate

\*Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

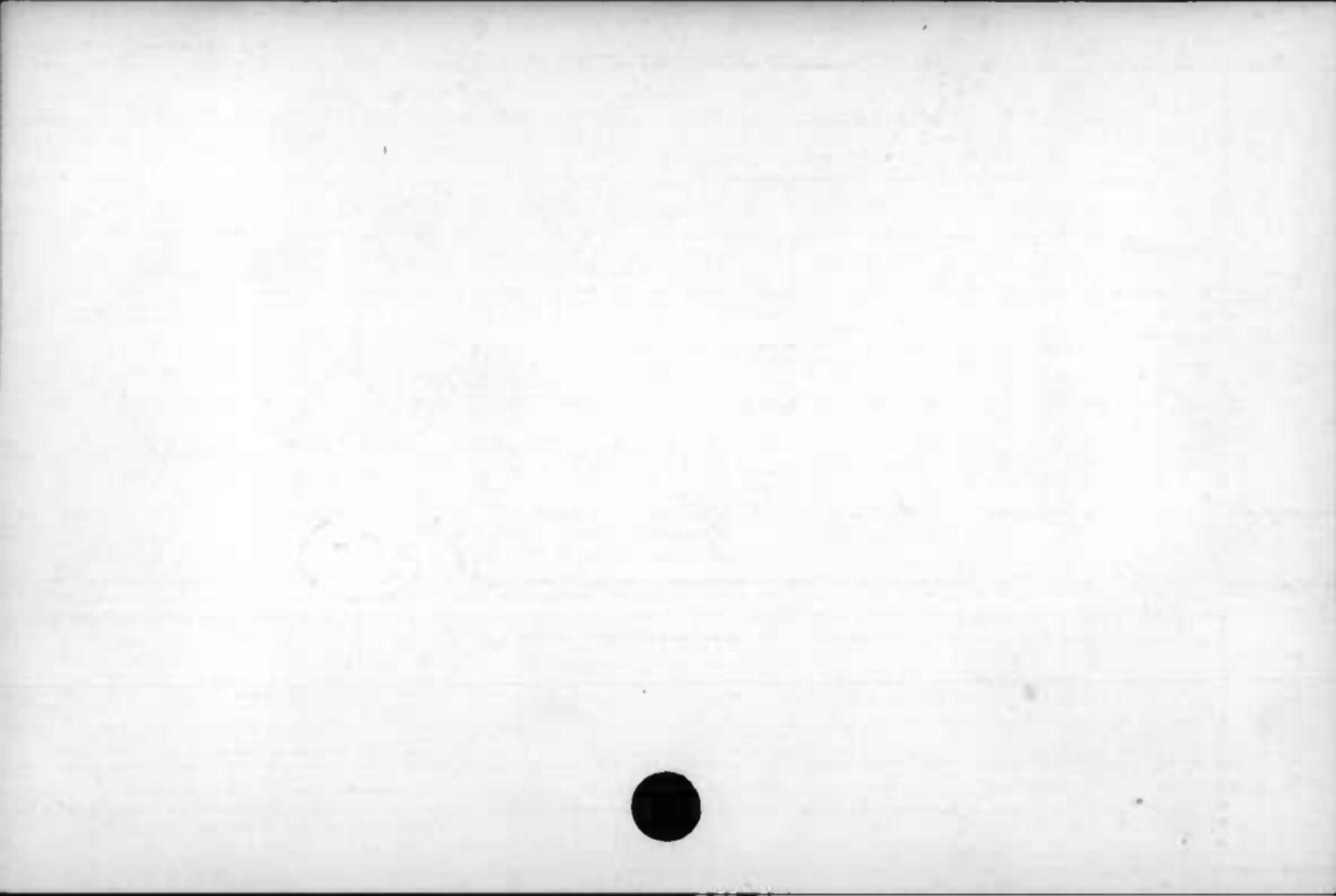
Address

E. L. Young

Breagertown

Fredk C.

Accident or Suicide?



Name  
in  
Full

Sam'l Quinton

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Black	Hicomics 6 and		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Don't know				
Mother's Maiden Name	" "				
Name of person giving information	Harden Nicholas Passaway				

CAUSES OF DEATH

112

PHYSICIAN  
OR CORONER

Primary

Cirrhosis of Liver

How long

Several months

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

As near

Signature of Physician

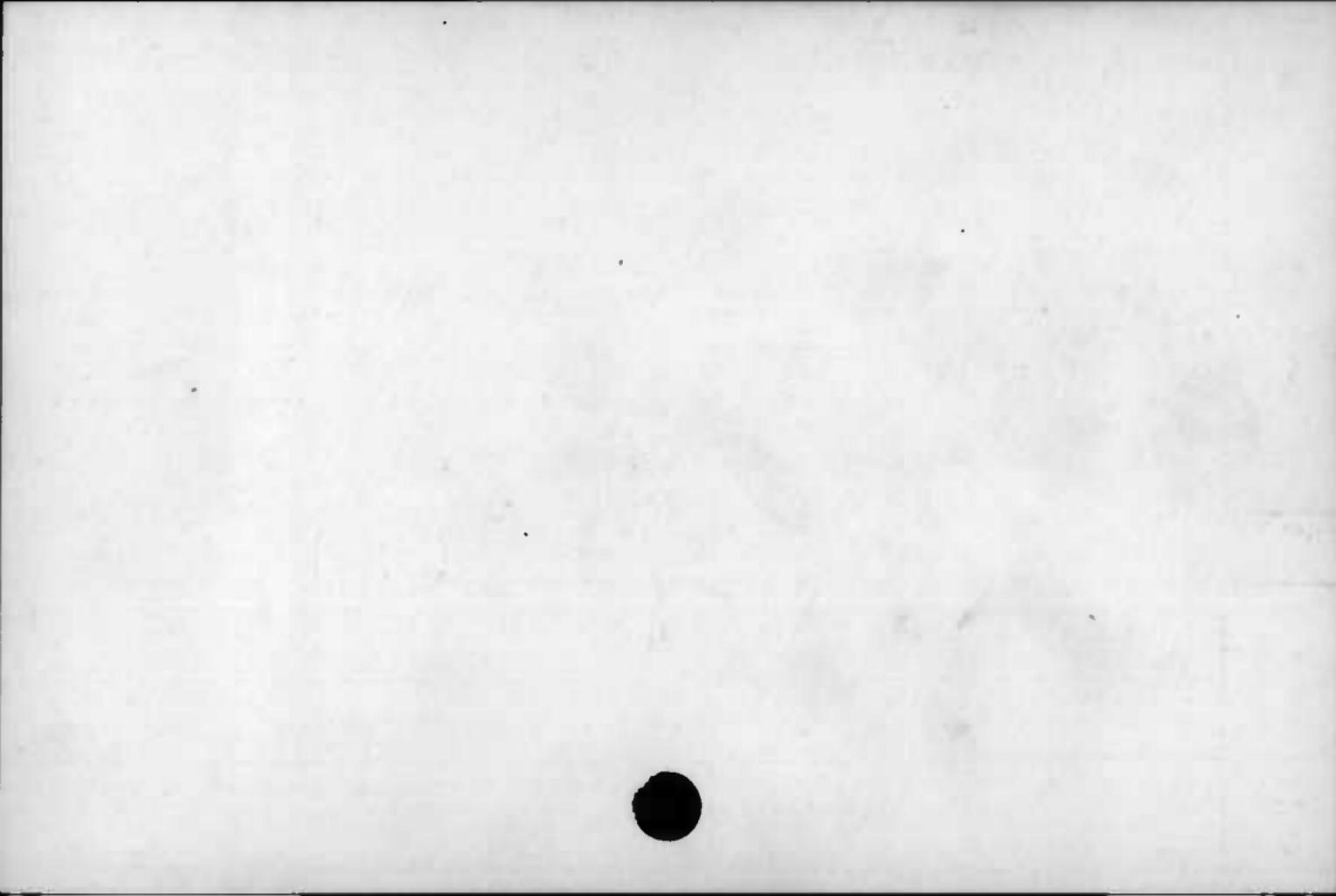
Address

M. G. Brown M.D.

Frederick, Md

Accident or Suicide?

X



Name  
in  
Full

Robert Robinson

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month June	Day 26th	Years Age 63	Months —	Days —
Sex Male	Color or Race Black	Birth-place Frederick Co., Md.			
Occupation Laborer	Where Residing if not at place of death X				
Married, Single or Widowed Don't know	Name of Wife or Husband X				
Father's Name Don't know	Father's Birthplace Don't know				
Mother's Maiden Name Don't know	Mother's Birthplace " "				
Name of person giving Information Otto Gaver	How related to deceased No relation				

CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary General Paralysis	How long indefinitely
Immediate Ex Houston	How long "
Are the name, age, sex, color, date and place correctly given above? As near as can be ascertained	Signature of Physician Dr. G. Brown, M.D. Address Frederick Md.
Accident or Suicide?	



Name  
in  
Full

Teresa Pretto Robinson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1908 June	Month Day	Age	Years	Months	Days
Sex	female	Color or Race	white	Birth-place	Washington D.C.	
Occupation	nothing			Where Residing if not at place of death	Baltimore Md	
Married, Single or Widowed	Widow	Name of Wife or Husband	H. B. Robinson	Father's Birthplace	Spain	
Father's Name	Francesco Pretto Neto			Mother's Birthplace	New Jersey	
Mother's Maiden Name	Miss Griffith			How related to deceased	son	
Name of person giving information	C.G. Robinson					

CAUSES OF DEATH

(4)

Primary	Pernicious Malnutrition	How long	1 year
Immediate	Anemia - Exhaustion	How long	4 months.

Are the name, age, sex, color, date and place correctly given above?

yes.

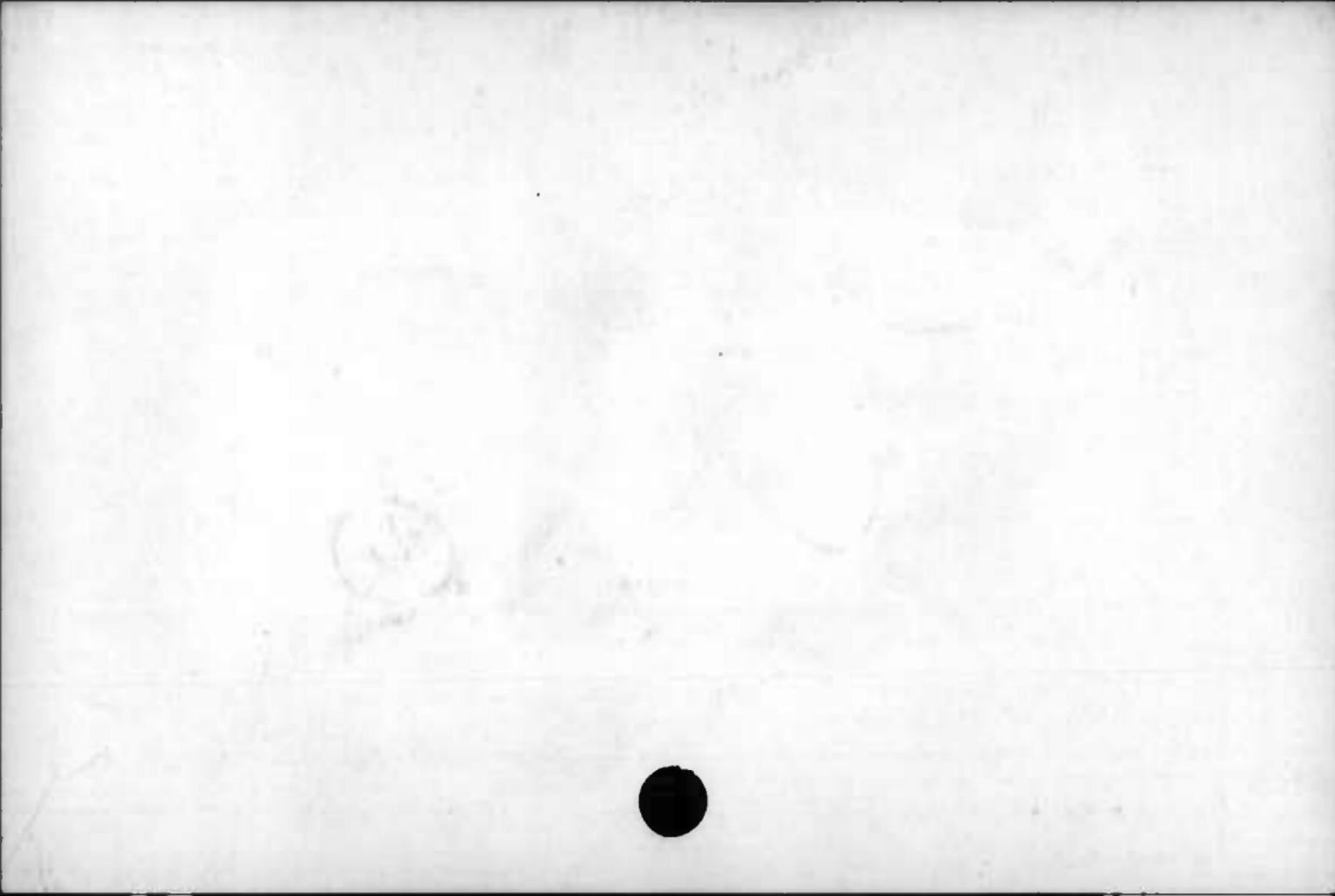
Signature of Physician

Address

Morris A. Birky  
Thurmont

Accident or Suicide?

no.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Benjamin F. Rohrbach

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 190	Month	Years	Months	Days	
Sex	Male	Age 49	Birth-place	Md	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Sydia Rohrbach		
Father's Name	Jacob Rohrbach				
Mother's Maiden Name	Nancy Hanes				
Name of person giving information	Fannie Rohrbach				

CAUSES OF DEATH

27

How long

10 yrs

Primary

Tuberculosis

Immediate

Tubercular meningitis

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yrs

Signature of Physician

Address

Lis. Yost  
Burkettsville,  
Md.

Accident or Suicide?



Name  
in  
Full

Martha Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	John Sanders			
Father's Name	Eli Williams			Father's Birthplace	Md
Mother's Maiden Name	Martha G Morris			Mother's Birthplace	Md
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

66

Immediate

#<sup>th</sup> manitum

How long

Two year

Are the name, age, sex, color, date and place correctly given above?

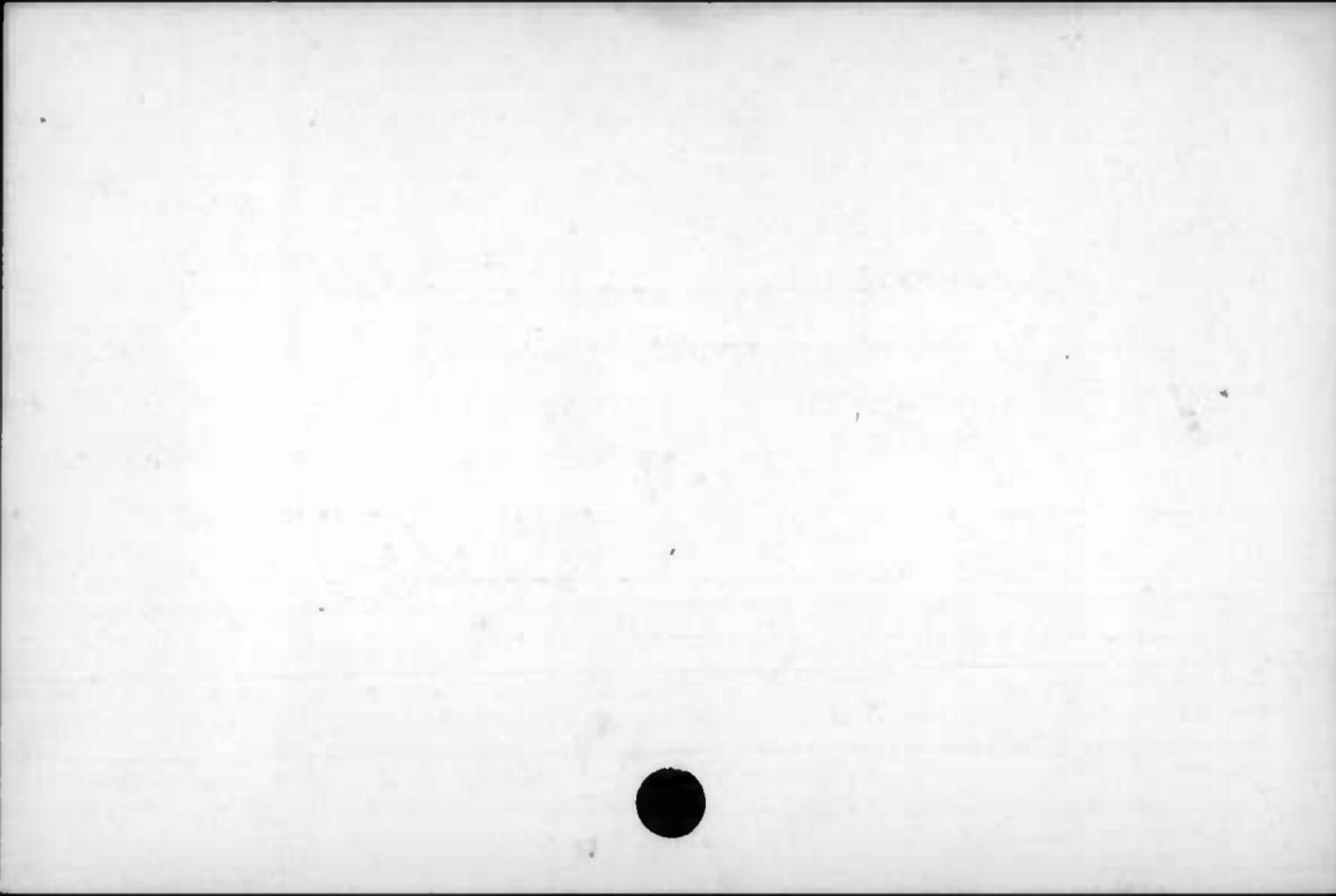
Signature of Physician

Address

Accident or Suicide?

E. D. Neighbors  
Lewistown

Md.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Henry Saylow

CERTIFICATE OF DEATH

Died at Town County  
Trousdale Frederick

MARYLAND

Date Month Day Years Months Days  
of death 1908 June 7 76 2 6

Sex Male Color or Race White Birth-place Maryland

Occupation Retired Farmer Where Residing if not at place of death Trousdale

Married, Single  
or Widowed

Name of Wife or Husband

Jane Ledgerwood

Father's Name

Emanuel Saylow

Father's Birthplace

Don't know

Mother's Maiden Name

Miss Rebeck

Mother's Birthplace

Don't know

Name of person giving information

Allen Saylow

How related to deceased

Son

CAUSES OF DEATH

27

How long

Primary

Do Not Know

Immediate

Tuberculosis

How long

Do Not Know

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J.W. Gable,  
Woodlawn,  
Md.

Accident or Disease?

1



1



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Infant, Sunday

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death 1908 June 27th	Month Day	Years	Months	Days

Sex Male	Color or Race White	Birth-place Md Frederick
Occupation Infant	Where Residing if not at place of death	

Married, Single or Widowed Infant

Father's Name Harry C Sunday

Mother's Maiden Name Grace J. Royal

Name of person giving Information H. C Sunday

Father's Birthplace Md

Mother's Birthplace Md

How related to deceased Father

CAUSES OF DEATH

151

How long 7 month

How long 6 hours

Primary Premature Birth 7 mo.

Immediate Cardio Paralysis

Are the name, age, sex, color, date and place correctly given above?

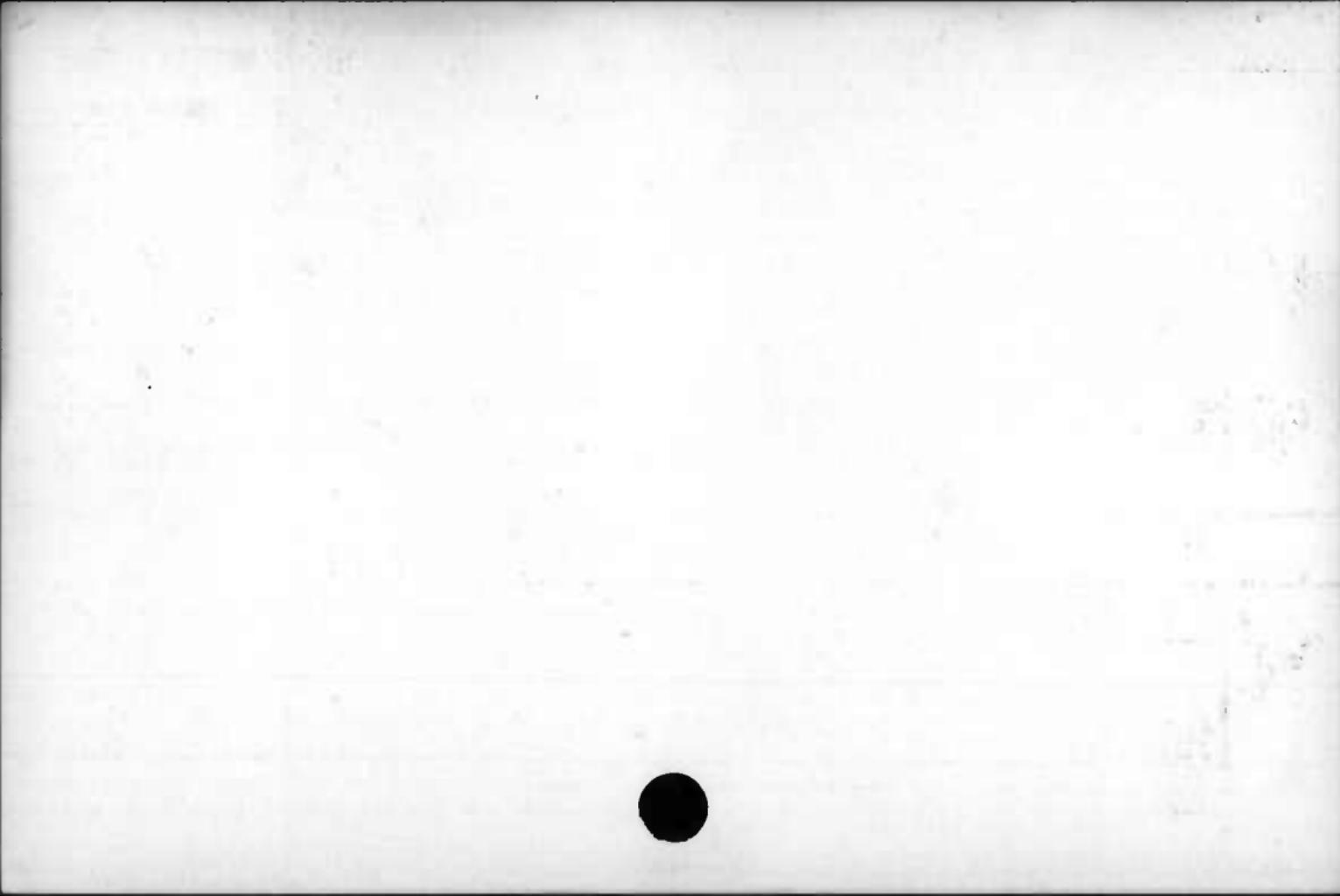
Yes

Signature of Physician

Address

H. A. Hedyn  
Frederick

Accident or Suicide?



Name  
in  
Full

Sarah Thompson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Female	Color or Race	colored		Birth-place	Philadelphia Pa.	
Occupation				Where Residing if not at place of death	Centerville Md.		
Married, Single or Widowed	S.	Name of Wife or Husband					
Father's Name	Edward Thompson			Father's Birthplace	Centerville		
Mother's Maiden Name	Sylvina Harris			Mother's Birthplace	Centerville		
Name of person giving Information	Edward Harris			How related to deceased	brother		

CAUSES OF DEATH

93

How long

4 weeks

Primary

Pneumonia

Immediate

Infantile cerebral Palsy's

How long

one week

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

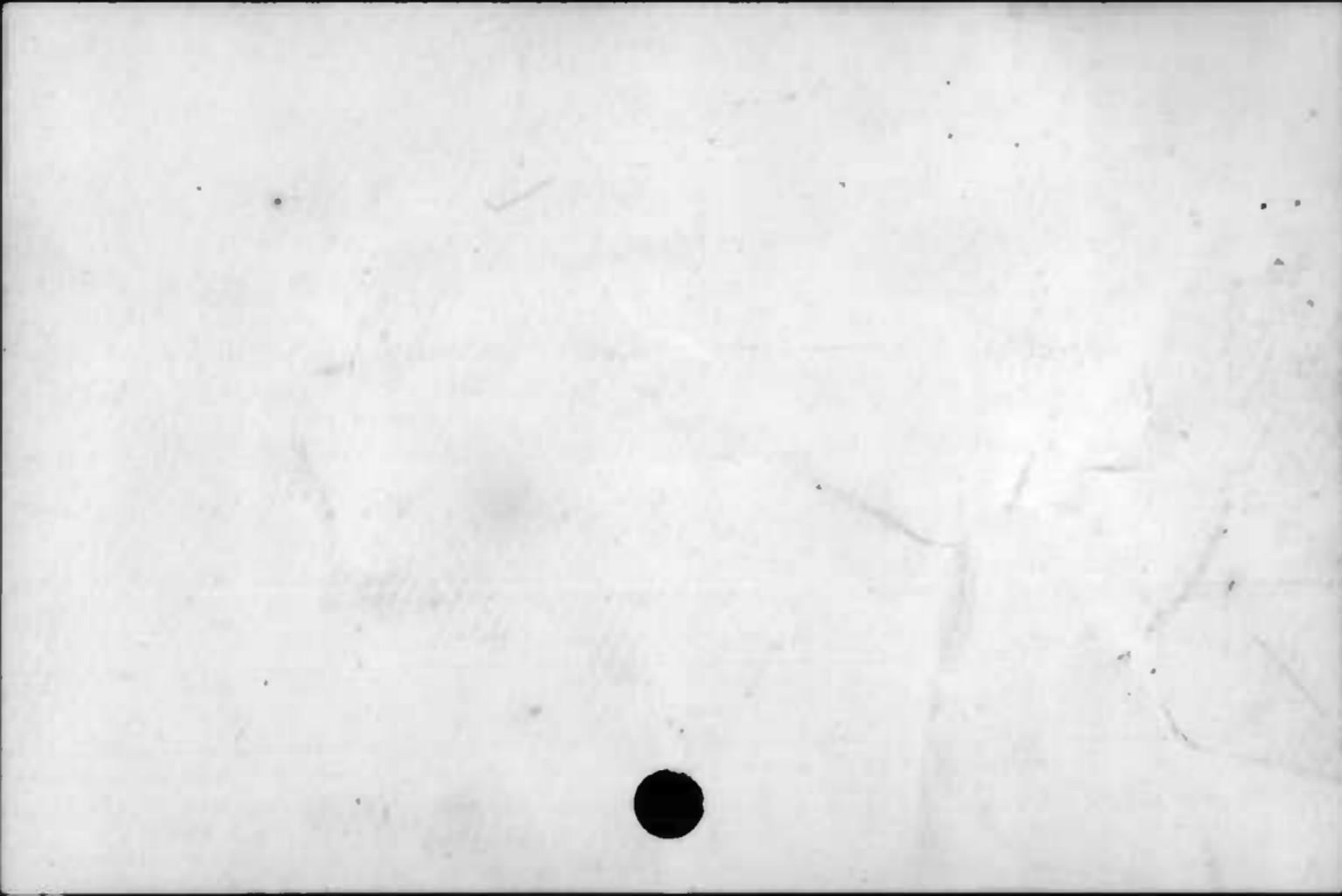
Bryant Parry M.D.

Address

Anchorage

Alaska

Accident or Suicide?



Name  
in  
Full

George W Tracy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

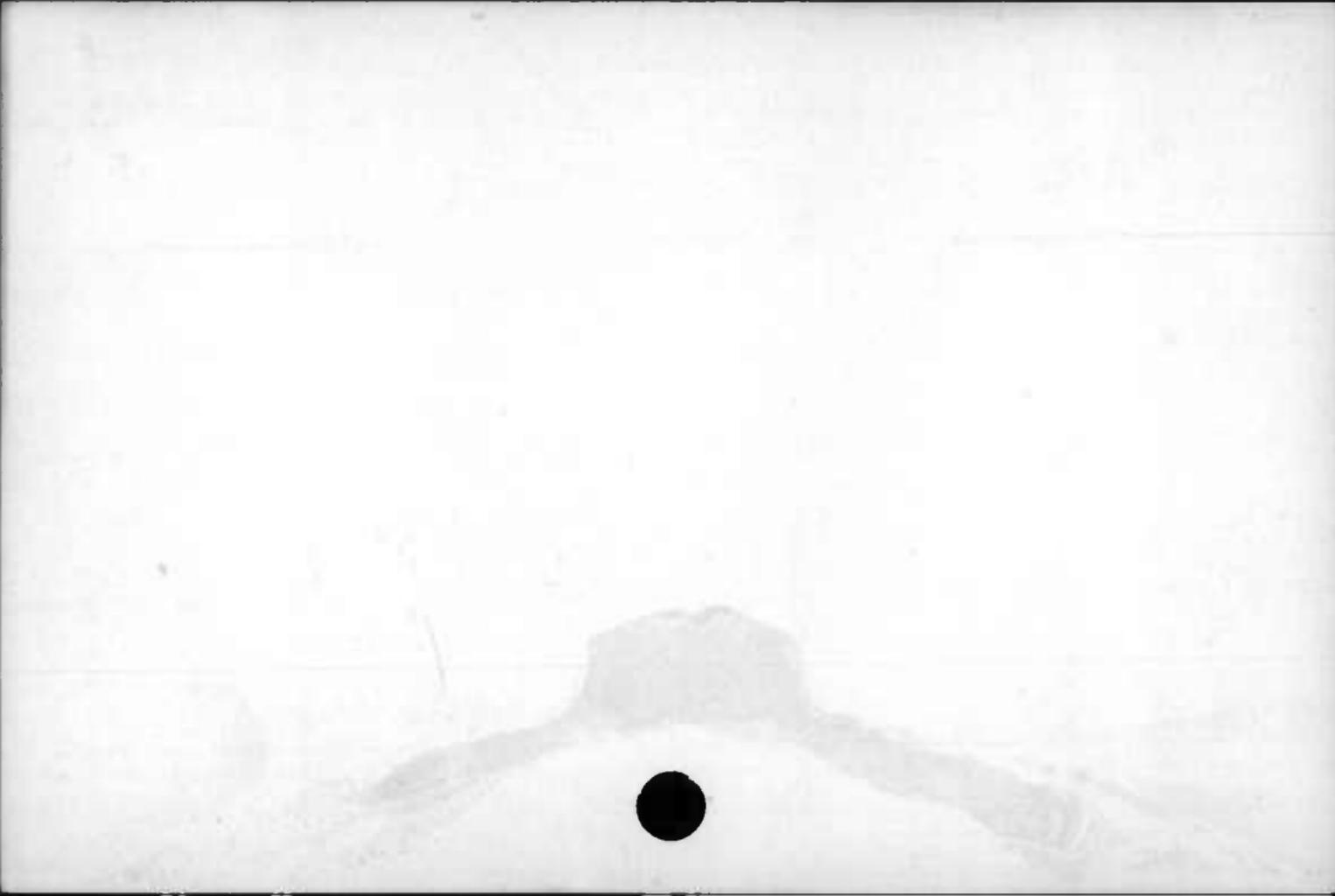
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	65	8	~
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	~			
Father's Name	John Tracy				
Mother's Maiden Name	Ann Sophia Cronin				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

103

PHYSICIAN  
OR CORONER

Primary	Gastric ulcer	How long	unknown
Immediate	Exhaustion + Heart failure	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. Beckley
yes		Address	Middletown and
Accident or Suicide?			



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Loyz	Frederick				
Date of death	Month	Day	Years	Months	Days
1908	June	9th	Age 44	6	24
Sex	Color or Race	place			
Male	White				
Occupation	Where Residing if not at place of death				
Farmer	At place of death				
Married, Single or Widowed	Name of Wife or Husband	Elizabeth Stambaugh			
Married	Isaac Tresler	Unknown			
Father's Name	Mother's Birthplace				
Isaac Tresler	Unknown				
Mother's Maiden Name	How related to deceased				
Levenia Mills	Unknown				
Name of person giving information					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Bright's Disease

How long

2

Two years

Immediate

Gastro Enteritis

How long

5

Five days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. S. Young  
Breagerstown, Frederick

Accident or Suicide?



Name  
in  
Full

Susan Ludy  
Myersville

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	June	20	78	5	22
Sex	Female	Color or Race	white	Birth-place	Myersville
Occupation	Housework				
Married, Single or Widowed	Widow	Name of Wife or Husband	Where Residing if not at place of death		
Father's Name	William Ludy				
Mother's Maiden Name	Geo. Dutrow				
Name of person giving Information	Susan Dutrow				
Joe. Ludy					
CAUSES OF DEATH					
Primary	Organic Heart Disease				
Immediate	Unknown				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			Address		
B. H. Hoke M.D.					
Myersville					
Md.					

PHYSICIAN  
OR CORONER

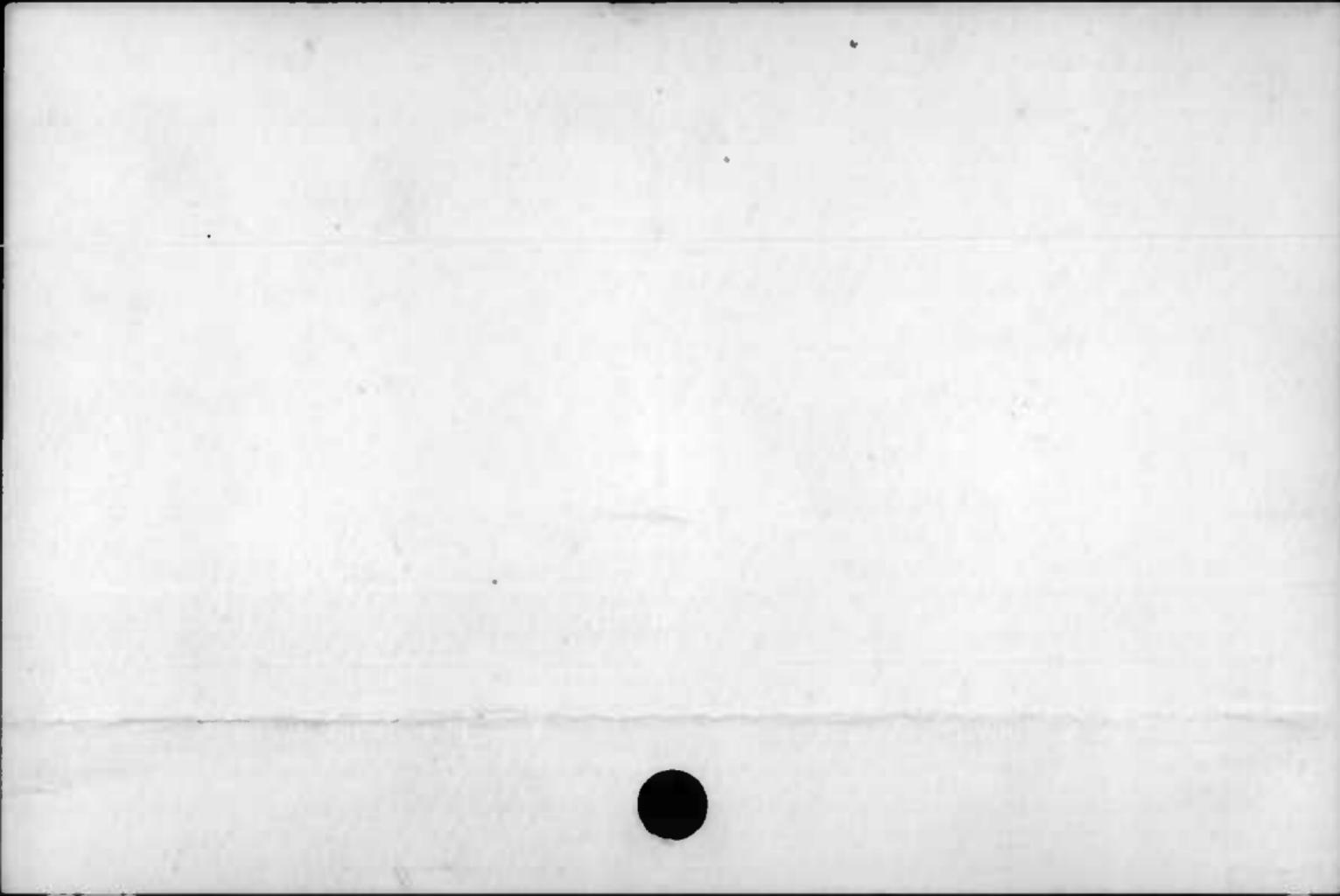
79

How long

year  
Unknown

How long

Accident or Suicide?



Name  
in  
Full

Wesley Summfield Tice

CERTIFICATE OF DEATH

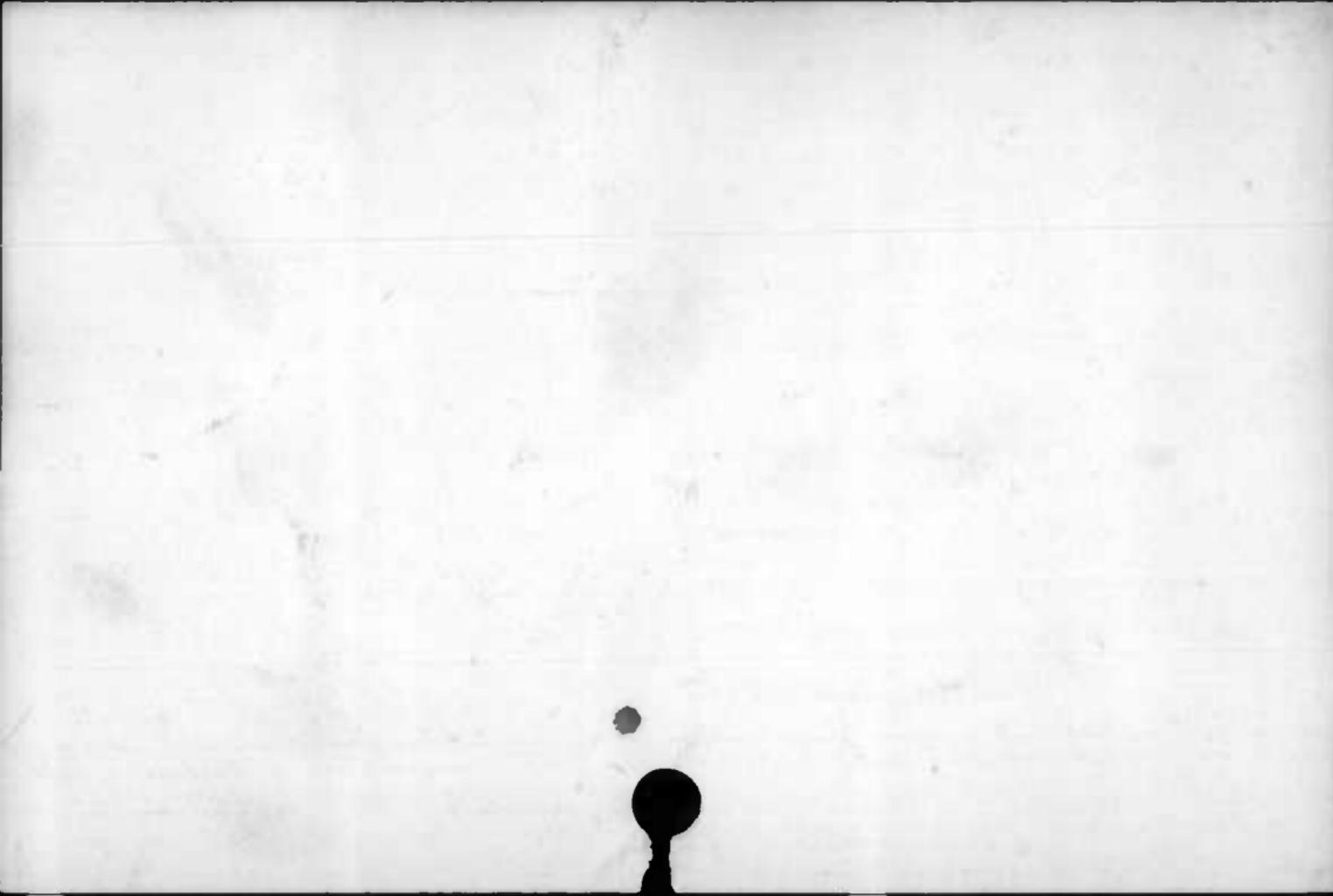
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Separated or Widowed	Name of Wife or Husband	Eleanor M. Tice	
Father's Name	John Tice	Father's Birthplace	Sumner Co. Md.
Mother's Maiden Name	Esther Handley	Mother's Birthplace	" " "
Name of person giving information	Eleanor M. Tice	How related to deceased	Wife -

CAUSES OF DEATH

26

Primary	Tuberculosis <sup>(3)</sup> Laryngitis <sup>(2)</sup>	
Immediate	Coughing	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician
		Address
Accident or Suicide?		



Name  
in  
Full

Carrie Whipp Warehime

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

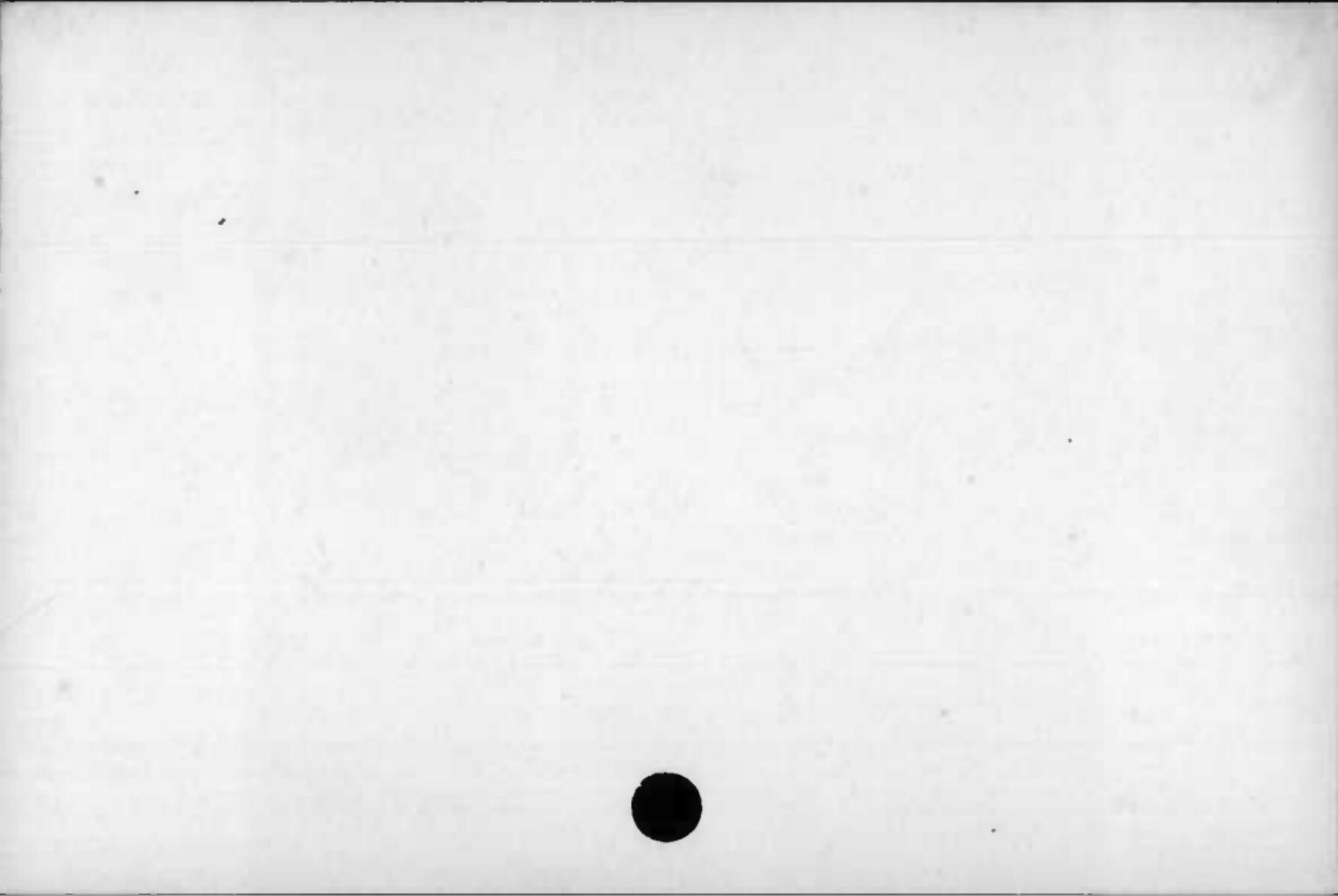
Died at	Town	Frederick	County	Frederick	MARYLAND
Date of death 1908	Month June	Day 21	Years 43	Months 2	Days 25
Sex Female	Color or Race white	Birth-place Frederick Co., Md.			
Occupation H.W.	Where Residing if not at place of death E. 2 <sup>d</sup> St, Frederick, Md.				
Married, Single or Widowed Married	Name of Wife or Husband Oliver C. Warehime				
Father's Name David M. Whipp	Father's Birthplace Elk. Co., Md.				
Mother's Maiden Name Nettie Etta Gaver	Mother's Birthplace Elk. Co., Md.				
Name of person giving information Oliver C. Warehime	How related to deceased Husband				

CAUSES OF DEATH

129

Primary Operation for uterine fibroid & ovarian cysts	How long
Immediate Intestinal paresis - Convalescence	How long 2 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J.P. Hendrix, M.D.
	Address Frederick, Md.
Accident or Suicide? No	Died at Frederick City Hospital.

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Catherine Wise

CERTIFICATE OF DEATH

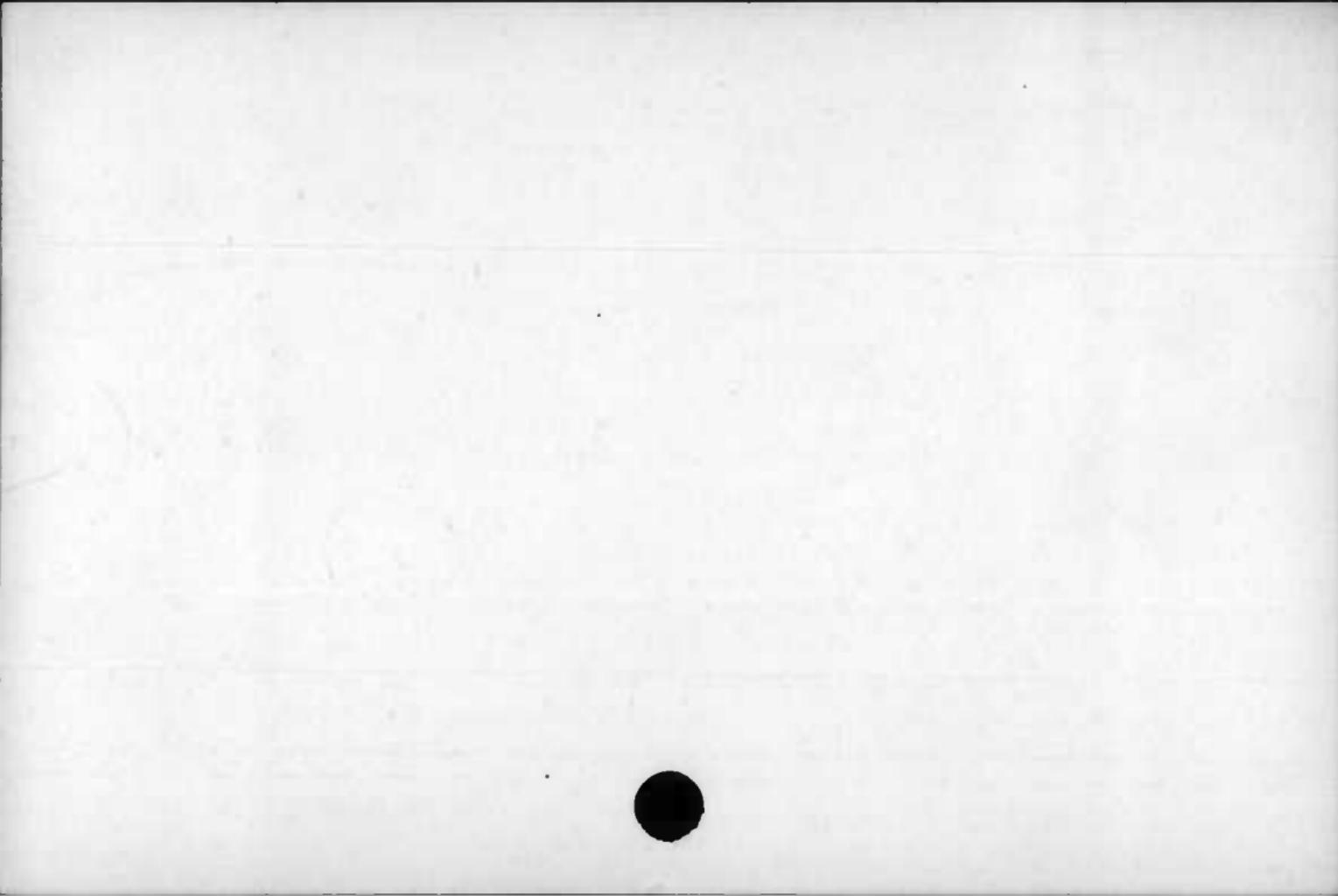
Died at		Town	County		MARYLAND	
Date of death	1908	Month June	Day 9	Years 61	Months	Days
Sex	Female	Color or Race	Colored		Birth-place	Md
Occupation	Housewife		Where Residing if not at place of death		Sew	
Married, Single or Widowed	Widow	Name of Wife or Husband	Daniel Wise		Father's Birthplace	Unknown
Father's Name	Nick				Mother's Birthplace	Unknown
Mother's Maiden Name	Nest				How related to deceased	Daughter
Name of person giving information	Maria Bell				How long	6x8 min

CAUSES OF DEATH

40

Primary	Leucemia of Liver	
Immediate	Cerebral Leucemia	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		

Clyde Rostam  
Buckeystown



Name  
in  
Full

Louisa Bentz

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Luthersburg</u> Town		<u>Frost</u> County		MARYLAND	
Date of death	1908 June	Month	Day	Years	Months Days
Sex	Female	Color or Race	White	Birth-place	
Occupation	<u>Housewife</u>				
Married, Single or Widowed		Where Residing if not at place of death			
		<u>Daniel Bentz</u>			
Name of wife or Husband					
Father's Name		<u>John</u>		Father's Birthplace	
Mother's Maiden Name		<u>Clark</u>		Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

166

How long

How long

PHYSICIAN  
OR CORONER

Primary

Intra-capsular fracture of neck of femur aid of short  
Injury from fall

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

E May Jr  
Luthersburg  
Montgomery Co.  
Md.

Accident or Suicide?

